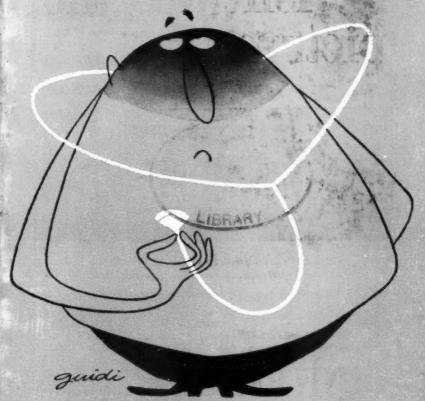
### Medical Economics



**Diagnosing Your Security Needs** 

Also in this issue:

Ed McCormick: Blithe Dynamo

Ike Puts Medicine in the Cabinet

What to Look for in Disability Insurance

614.205 M.468 V.30 No. 8 My. 1953

# Isn't this the icture you want to prescribe for your hypertensive patients?



Nitranitol's safe, gradual, prolonged vasodilation permits hypertensives to resume more normal lives.

And . . . therapeutic dosages of NITRANITOL can be maintained over long periods of time . . . without frequent checkups . . . without worry about possible toxic effects.

Nitranitol is the universally prescribed drug in the management of essential hypertension.

### NITRANITOL

OR SAFE, CRADUAL, PROLONGED VASODILATION



- 1. When vasodilation alone is indicated -NITRANITOL.
- When sedation is desired—NITRANITOL with PHE-NOBARBITAL.
- For extra protection against hazards of capillary fragility—NITRANITOL with PHENOBARBITAL and RUTIN.
- 4. When the threat of cardiac failure exists—NITRANITOL with PHENOBARBITAL and THEOPHYLLINE.
- For refractory cases of hypertension NITRANITOL P.V. (Nitranitol, Phenobarbital, Veratrum Alkaloids\*)

\*alkavervir

### We Will See You

AT THE

### FIRST ANNUAL TWO-DAY SCIENTIFIC ASSEMBLY

OF

### THE WEST VIRGINIA ACADEMY OF GENERAL PRACTICE

AT

The Daniel Boone Hotel, Charleston, W. Va.

Saturday, May 16

AND

Sunday, May 17

Our Exhibit - - - Booth No. 8

"25 YEARS OF SERVICE IN THE MEDICAL PROFESSION"

THE MEDICAL ARTS SUPPLY COMPANY

## HERE'S ONE MORE Michothann ADVANTAGE



RAYTHEON MANUFACTURING COMPANY . POWER TUBE . WALTHAM 54, MASS.

"OUR 25th YEAR"

THE MEDICAL ARTS SUPPLY Co.

706-10 Fourth Avenue

Phones 28341-28342

**HUNTINGTON 15, WEST VIRGINIA** 

### There's a Reason in **Every Season for a**



for summer comfort

### just Weath'r-Dial the weather you want...

Only a MITCHELL Room Air Conditioner adjusts to maximum cooling for sizzling days, moderate cooling for just warm days (and nights). Instant heat on chilly days, Filters out 99% of dirt, dust and pollen . . . circulates, ventilates and exhausts. All these comfort features are yours at no extra cost.

IF IT DOESN'T BOTH COOL AND Heat IT'S OBSOLETE

"OUR 25th YEAR"

THE MEDICAL ARTS SUPPLY Co.

706-10 Fourth Avenue Phones 28341-28342 **HUNTINGTON 15, WEST VIRGINIA** 



Nu-7one Hamilton's finest suite... beautifully matched woods ... exclusive, patented Hamilton convenience features.

Steeltone modern, practical, professional furniture... finished in gleaming, easy-to-clean, chip-proof DuPont Dulux.



"OUR 25th YEAR"

THE MEDICAL ARTS SUPPLY Co.

706-10 Fourth Avenue

Phones 28341-28342

HUNTINGTON 15, WEST VIRGINIA

May 1953

### **Medical Economics**

An Insurance, Investment, and Estate Plan . . . . 100

Diagnosing your security needs, this writer urges you to buy insurance for protection only and then to let a bank invest your money in a mutual fund	
A Trio of Plans for a Five-Doctor Building  Though all different, each uses an open court to make waiting pleasant for patients or to provide natural interior light	104
Ed McCormick: Blithe Dynamo  The new A.M.A. President has a passion for civic activities, people, neckties—and, mostly, work	112
Your Economic Weather Vane	117
The Salaried Physician	118
Group Practice	120
The Woman Doctor	122
What to Look for in Disability Insurance Some advice from a now-disabled doctor who changed his insurance program in the nick of time	126
Ike Puts Medicine in the Cabinet  Most observers believe there's little reason for doctors to distrust the new Department of Health, Edu-	130
cation, and Welfare	
Partnership Practice: What to Put in Writing  Here's expert advice on disability arrangements,	140

Published monthly and copyrighted 1953 Medical Economics, Inc., 210 Orchard St., East Rutherford, N.J.

ed x.

Good Taste and Good Sense in Practice-Building 149

Announcement cards · Speech-making · Papers in
journals · Courtesy calls · Medical meetings · Civic
activities · Insurance contacts

military provisions, and other common clauses

MORE ON NEXT PAGE

### CONTENTS (Cont.)

An Emergency Is an Emergency  Or is it? Asks this medical man	147
What You Ought to Know About Witness Fees  Determining the fee • A dubious yardstick • The  usual minimums • Long-distance cases • When you're  subpoenaed • Collection problems	155
Is Your Will Obsolete?	161
How Cool! How Comfortable! How Much?  Doctors who've tried air conditioning call it a boon.  But they advise you to ask a lot of questions before you buy it for your office	171
Your Draft Queries Answered	181
Does Labor Still Want a National Health Plan?  Testimony of union men shows they're at least not satisfied with the present medical-cost set-up	188
How My Office Avoids Prepay Plan Mix-ups This doctor and his aide have worked out a routine that minimizes friction, cuts down paper work, and improves collections	202
DEPARTMENTS	
Panorama 4	
Sidelights	
Letters 47	
Questions 81	
Editorial 97	
News	
Mama From the Publisher 206	

147	NEWS INDEX	
155	'Lax' Doctors Told to Answer Emergencies	235
	Patients Support D.O. in Row With M.D.s	235
161	Doctors' Blue Shield Earnings Rise	241
71	Tribunal Says Army Can Deny M.D. Commission	242
	Scores V.A. Program as Threat To Medicine	244
81	Leadership Role Seen Ahead For Doctors	247
00	'Offer Your Patients Something Extra'	253
88	Research Society Warns Against Pound Bill	254
02	Spine Men Air Family Quarrel In Public	257
	Must a Doctor's Day in Court Be A Chore?	261
	Dental Society Backs Social Security	266
	Student Loans Produce More Rural Doctors	268
	Industrial M.D.s Told To Shun Controversy	277

'Let's Tell the People How Good

We Are' .....

EDITOR-IN-CHIEF: H. Sheridan Baketel, M.D. EDITOR: William Alan Richardson EXECUTIVE EDITOR: R. Cragin Lewis SENIOR ASSOCIATE EDITOR: Donald M. Berwick ASSOCIATE EDITORS: Wallace Croatman Helen C. Milius Mauri Edwards CONTRIBUTING EDITORS: Roger Menges Henry A. Davidson, M.D. RESEARCH ASSOCIATE: Lois Hoffman ART EDITOR: Douglas R. Steinbauer

PUBLISHER:
Lansing Chapman
GENERAL MANAGER:
W. L. Chapman Jr.
SALES MANAGER:
ROBERT M. Smith
PRODUCTION MANAGER:
J. E. VAN HOVEN





PRICE: 50 cents a copy, \$5 a year (Canada and foreign, \$6). Acceptance authorized under Section 34.64 PL&R. CIRCU-LATION: 134,000 physicians and residents. PICTURE CREDrrs (left to right, top to bottom): cover, 100, Robert Guidi; 5, Paul Parker; 6, Atlanta Journal; 7, Acme; 9, Wide World; 99, William Crawford; 106, 107, Joan Forrester; 108, 109, John V. Bagnardi; 110, 111, James T. Ream; 113; Herral Long, 117-124, Al Kaufman; 127; Paul Hoffmaster; 130-132, 135-137, Vincent A. Finnigan; 147, N. M. Bodecker.

### Panorama

Fight I.L.O. threat to

medicine • M.D.s reconsider stand on D.O.s • Scolds doubleparkers • Health forum scores with patients • Big boost in malpractice • A solution to physicians' reading problem

### Rebukes Talkative M.D.

The Chicago Medical Society has decided not to oust Dr. Loyal Davis for "unethical conduct"—a charge it leveled against him originally because of his public statement that Chicago was becoming a hotbed of fee splitting.

But, though dropping a formal complaint against Davis, the society's council has officially deplored doctors who make "unwarranted attacks" on their colleagues.

Because Davis made his charges to the lay press, the council also decries the publication of such statements in "media other than the proper medical tribunals and forums."

### Mix With Osteopaths?

The A.M.A. has asked its members to help determine whether medical ethics should be redrafted to permit "voluntary association between doctors of medicine and doctors of osteopathy." By means of a thirty-six-question quiz, mailed recently to M.D.s, the association hopes to get a picture of the osteopathic situation as it really is—and as it might be.

The questionnaire gives doctors a chance to rate osteopathic schooling and service and to state their attitude toward a possible lifting of the ban on M.D.-D.O. consultation. And, facing squarely up to facts, the quiz asks if such consultation now occurs in the doctors' own states, despite medicine's code of ethics.

A.M.A. leaders don't say how they plan to use their information, when finally compiled. But if the replies show a high degree of confidence in osteopathy and its practitioners, it may hasten the day of medicine's often-proposed assimilation of the D.O.s.

### **Blasts Parking Abuses**

In a recent five-day period, New York City police jotted down the license numbers of 154 cars whose doctor-owners had double-parked, or parked in restricted areas, for at least three hours.

t to

ıble-

t in

stion

, the

re of

eally

attithe
ion.
the
now
denoriciof
iila-

ew li-

ose

ed,

Since physicians have special emergency parking privileges, their cars weren't tagged; but the list of plate numbers was forwarded to the Medical Society of the County of New York. Thereupon, the society's president, Gervais W. McAuliffe, gave his colleagues an angry tongue lashing.

Three hours is a long emergency, he noted; and it was odd, he added, that most of the "emergencies" had occurred right outside the doctors' offices.

Remember, McAuliffe said, that the "MD" license plate is "visible evidence" of the physician's profession, so "any extended, callous, or thoughtless [parking] violations bring discredit to the profession."

In an unprecedented move, the New York society then published the license numbers of the 154 offenders. The alternative to such action by the society, warned Mc-Auliffe, was "swift and rigid enforcement by the police."

### Forum a Smash Hit

On eight separate nights in the last two months, Atlantans crowded into the Tower Theatre on famed Peachtree Street. The performance they'd come to see: a health forum, sponsored jointly by the Fulton County



Gervais W. McAuliffe

Here he sets his own bad example to show what he's warring against

#### PANORAMA

(Ga.) Medical Society and the Atlanta Journal.

During sessions that lasted as long as an hour and a half, panels of up to eight doctors answered questions—submitted in advance—on subjects ranging from the common cold to emotional problems.

The crowds were large—upwards of 1,000 persons each night—and apparently representative of the city's population.

On the night when child health was discussed, the audience was almost entirely female. Said a pediatrician on the panel: "We figured Pop was home with the baby."

Doctors and audiences alike were enthusiastic. Said one housewife: "We got top medical advice—and in language we could understand." Added Dr. William G. Hamm, president of the medical society: "The forums have gone a long way toward creating better relations between doctors and the public."

As in St. Petersburg (Fla.), where the forum idea had been tried earlier, Atlanta's over-all reaction seemed to be: Let's do this every year.

### **Malpractice Suits Soar**

A shocking, tenfold increase in malpractice cases is undermining public confidence in doctors, declares Dr. Louis J. Regan, medicolegal consultant to the California Medical Association.

Where doctors across the country faced 400 cases in 1929, they're now



Atlanta Physicians and Patients

At sessions like this, M.D.s dispensed straight facts on health

mm,
name
Rega
profe
fact (
a.),

a.), tried ction very

maloubares gal ical

ntry

named in 4,000 actions a year, says Regan. This is bad publicity for the profession, he adds, in spite of the fact that most malpractice suits are without real merit.

### **Sponsors Health Bill**

Four Republicans have collaborated on a bill to create a *voluntary* national health insurance program.

The measure—sponsored by Senators Irving M. Ives (N.Y.) and Ralph E. Flanders (Vt.), and Representatives Jacob K. Javits (N.Y.) and Robert Hale (Me.)—is a rewrite of a 1949 bill. It was proposed then as a substitute for *compulsory* health insurance; it's planned now to answer a Magnuson Commission recommendation for a *voluntary* plan.

Senator Ives says his program would cost little more than half the \$2 billion plotted as the yearly price of the Magnuson plan. Some features of the Ives bill:

¶ Participation would be entirely voluntary for doctors and patients alike.

¶ Federal aid would be provided for medical education as well as health.

¶ The state would supplement Federal funds; and primary responsibility would rest in the hands of the states and local communities.

¶ Premiums would be based on an individual's ability to pay.

In introducing the bill, Ives himself indicated doubt of its passage. But he thought it would give Congress something to discuss. [MORE→



Louis J. Regan 400 in 1929—4,000 in 1953



Irving M. Ives
Has an answer for Magnuson

#### PANORAMA

Washington sources said the measure was headed for a pigeonhole. They explained that Congress was unlikely to consider any big health bill—and certainly nothing so sweeping as this one.

### You Can Read 'by Ear'

One of medicine's old, unsolved problems disturbed public relations man Jerry Pettis of the California Medical Association. How, he wondered, could doctors find time to

Doctor and Companion

His driving time is study time

read the stacks of medical literature that piled up on their desks?

In a happy flash, he got an answer: Why read it at all? Why not listen? The average doctor, Pettis reasoned, spends a good part of his day in his car; his eyes are glued to the road, but his ears are free.

That was the inspiration for Audio-Digest—a library of tape recordings of significant articles abstracted from medical literature. All a doctor need do is install a tape recorder in his car, and he's all set to "read" while he drives.

The price of equipment: from \$205 to \$265 for the recorder (including installation) and \$2.50 a week for a tape consisting of thirty abstracts. This is payable to a research foundation of the College of Medical Evangelists in Los Angeles, which is handling the Pettis brain child.

So far, the tape recordings are aimed at general practitioners, but "we'll soon be able to specialize," says Pettis.

### Backdoor Socialism

Some doctors have expressed concern that socialized medicine may crash through the back door while only the front door is guarded. One reason for their fear is a proposed international agreement prepared by the International Labour Organization.

The I.L.O., a United Nations agency, apparently wants to set

world-wide standards for health and welfare. If its projected treaty were approved by the U.S. Senate, it would become the law of the land. And the inevitable result, according to the A.M.A., would be socialized medicine.

Actually, the Senate is highly unlikely to approve a document that smacks of outside interference in domestic affairs. In fact, sixty-four

Senators (exactly two-thirds of the body) have banded together to propose a constitutional amendment (S. J. Res. 1) designed to prevent any treaty or executive agreement from taking effect without specific Congressional action.

Many medical men feel that this promises the best means of thwarting the I.L.O.—or any other—threat to medical practice in the U.S.

### This Is the Army, Dr. Brown



If you're Army-bound, you may one day find yourself—like Dr. Bobby Brown, former New York Yankees baseball star (above)—at an aid station near the Korean front. Whether you do or not, of course, depends on military needs in the months ahead. While these needs can't be predicted, Dr. Melvin A. Casberg, assistant to Defense Secretary Charles E. Wilson, last month made this promise: "We're going to tighten our belts. No physicians will be drafted unless they're really needed."

MEDICAL ECONOMICS - MAY 1953

ature

not Pettis of his

Aucordacted octor er in read"

from
(in50 a
hirty
a rege of
geles,
orain

but lize,"

may while One losed pared

tions o set



### NEW STEPPED-UP ANTIARTHRITIC EFFECTIVENESS

- 1. Immediate relief of —painful symptoms
- 2. Prolonged systemic benefit

ERTRON® s-m, new treatment for the arthritic syndrome, quickly relieves the two symptoms from which the arthritic asks prompt relief—pain and skeletal muscle spasm.

In addition, Ertron S-M has a gradual systemic action which gives long-range improvement, resulting in increased mobility of joints, decrease in swelling, while the patient is kept comfortable and free of pain.

### Each capsule of Ertron S-M contains:

-Bottles of 100 capsules-

Potent Ertron S-M constitutes a therapeutic regimen which must be directed by the physician.

Also available: regular Ertron—for dependable, prolonged arthritis management; and Ertron Parenteral when combined oral and parenteral administration is indicated.



DIVISION NUTRITION RESEARCH LABORATORIES, INC.

NEW! injection Bicillin all-purpose 405 600,000 unde Bicillin, 300,000 und potassium penicillin, 300,000 units procaine penicillin Wyeth A new penicillin preparation which produces: 1. An almost immediate initial high penicillin blood level 09 0.8 2. An intermediate, substantial therapeutic level 0.7 3. A long lasting level for 7 days or more, at values still therapositically and prophylastically effective 0.6 0.5 04 Dosage: Usually single injection, 2cc. 0.3 - Blood level curve looks like this 0.2 0.1 time in days \*003 units-effective penicillin level against h. strep

IC SS

ne, sks

ves its, ree

red ed) .P. ng. ng.

be



'P

·P

-



### Protected for a whole day

'Perazil' gives practical protection from the effects of allergens. Observers have agreed that: "The percentage and severity of side reactions was very low. Due to the longer duration of action of 'Perazil', less frequent administration of tablets was necessary."

'Perazil'was developed by The Wellcome Research Laboratories in the search for an ideal antihistaminic. Its chemical composition is unique. One 50 mg. tablet acts for 12 to 24 hours as a rule in relieving allergies.

'Perazil'Cream may be used for topical antihistaminic and antipruritic effect.

'Perazil' brand

Chlorcyclizine Hydrochloride, 50 mg., Compressed, scored...also 'PERAZIL'® brand Chlorcyclizine Hydrochloride CREAM 1%

1. Cullick, L., and Ogden, H. D.: J. So. Med. Asen., 48:648, 1850



Burroughs Wellcome & Co. (U.S.A.) Inc., Tuckahoe 7, N. Y.

### For cervicovaginal infections with LEUKORRHEA:

**FURACIN** 

In effective, convenient dosage form:

FURACIN VAGINAL SUPPOSITORIES



Some degree of leukorrhea occurs in over 50 per cent of multiparous women. When this is a result of bacterial cervicitis or vaginitis—accessible to vaginal medication—Furacin Vaginal Suppositories can abate markedly the discharge and malodor.

#### Some advantages of Furacin:

- Bactericidal to the majority of pathogens of surface infections
- · Effective in blood, pus & serum
- No interference with healing or phagocytosis

References: Doyle, J. C.: Urol. & Cutan. Rev. 55:618, 1951 \* Schwartz, J.: Am. J. Obst. & Gynec. 68:679, 1952 \* Weinstein, B. B. and Weinstein, D.: Mississippi Doctor 29:117, 1951.

Formula: Furacin Vaginal Suppositories contain Furacin 0.2% © brand of nitrofurazone N.N.R., dissolved in a self-emulsifying, watermiscible base composed of glyceryl laurate 10% and synthetic wax.

Literature on request





OTHER DOSAGE FORMS OF FURACIN INCLUDE:

FURACIN SOLUBLE POWDER

FURACIN NASA

### Designed for complete versatility

### Jurell PROCTO-SIGMOIDOSCOPE\*

The Turell Procto-signoidescope features a powerful lighting system, assuring brilliant proximal illumination. A light carrier is available for those who prefer distal illumination. A section

tube is incorporated in the shaft of the tube through which fluid may be introduced or removed, smoke incident to congulation withdrawn, or culture medic introduced and withdrawn for bacteriologic study.

"A Signe-idescape with Preximal and Distal Illumination", Surgery, Vol. 25, No. 4, April 1949.

> Procision-engineered by A.C.M.I. craftsmen and backed by the A.C.M.I. guaantee of sound design and flamless



Detachable handle with swivel-mounted lamp and two extra bulbs

Current controller for 115 volt, 50-60 cycle Alternating current

Conducting cord

See the Turell Proctusigmoidescope at your dealer's or write for full information

ESTABLISHED IN 1984

SY REINHOLD WAPPLER



American

for proximal illumination

an Cystoscope Makers, Inc.

SAL

ES

gens

Rev.

and 1951.

con-

ater-

10%



### Mr. Drencher is a Hunger-Quencher

Even a 100-proof diet may lack nutritional balance. Mr. D. needs a new dietary and DAYALETS-the fishless, burpless multivitamins. Synthetic A plus eight other important vitamins. No fish-oil taste or odor, no allergies due to fish oils. How about your vitamin deficients?

They'd like DAYALETS.

### Each DAYALET Tob

Kepresents:		
→ Vitamin A .10,000 U.S.P.		
Vitamin D., 1000 U.S.P.		
Thiamine Mononitrate 5		
Riboflavin 5		
Nicotinamide 25		
Pyridoxine Hydrochloride 1.5		
⇒Vitamin B <sub>12</sub> 1		
Pantothenic Acid 5		
Ascorbic Acid 100		

Rehabilitating severely crippled arthritics with physical therapy



The concurrent use of CORTONE and physiotherapy makes it possible to increase range of motion and muscle power, to relieve pain, and thus to rehabilitate severely handicapped patients.

Snow, W. B., and Coss, J. A. N. Y. State J. Med. 52: 319, Feb. 1, 1952

CORTONE is the registered trade-mark of Merck & Co., Inc. for its brand of cortisone.



MERCK & CO., INC

Merck & Co., Inc

LET Table

SHE'S BEEN

HYFRECATED

not a blemish on her...



Desiccate those unsightly, possibly dangerous, skin growths with the ever-ready, quick and simple-to-use Hyfrecator. 90,000 instruments in daily use.



Please send me your new four-color brochure showing stepby-step technics for the removal of superficial skin growths. Pho 1-H

SUPF

Doctor\_

Address\_\_

THE BIRTCHER CORPORATION, Dept. ME-5-3
4371 VALLEY BOULEVARD
LOS ANGELES 32, CALIFORNIA

sedation all along the line



KŪSED

For victims of anxiety and nervous tension

Mephenesin

Phenobarbital

s, d n

Glutamic Acid HCI

1-Hyoscyamine HBr

250.0 mg.

62.5 mg.

7.5 mg. (1/8 gr.) 0.0625 mg.



### ESTIVIN Relieve

Eyes Swimming in Tears of Distress

Can't see" weeds are flooding pollen into swollen eyes.

ESTIVIN relieves ocular and nasal discomfort caused by hay fever. General conjunctivitis is also readily alleviated with ESTIVIN.

ESTIVIN is an aqueous infusion of "rosa gallica L." It is decongestive and soothing to irritated ocular and nasal membranes.

Dosage:

One drop of ESTIVIN in each eye will alleviate ocular and nasal discomfort and inhibit the production of irritating fluids.

Supplied: 0.25 fl. oz. bottle and dropper

SEND FOR OFFICE SUPPLY AND LITERATURE

Clin & Co. Since 1794



PHARMACEUTICAL AND RESEARCH LABORATORIES 24 COOPER SQUARE, NEW YORK 3, N. Y.

255

fort also VIN.

VIN. " It

nes.

asal vids.

per

URE



when healing lags



### Chloresium '

brand of water-soluble chlorophyll derivatives

ointment · solution (plain)

In slow-healing wounds, indolent ulcers, bedsores and other resistant lesions,
Chloresium Ointment and Solution promote normal tissue repair. At the same time,

CHLORESIUM relieves itching and irritation, and deodorizes malodorous lesions.

Rystan) company inc

Mount Vernon, New York



Handles paper up to 11-inches wide . . . writes a full 10 3/10 inch line.

## new REMINGTON Office-riter

N

Here at last is a compact, low cost typewriter for the professional office. The new Remington Officeriter makes up to 10 good carbon copies, cuts a sharp stencil...handles all normal professional typing requirements. Go to your dealer or to your The Miracle Tab makes it easy to set up for billing, invoices.

Remington Rand Business Equipment Center for a demonstration today . . . ask about terms.



A product of **Remington Rand** Makers of the Remington Quiet-riter, Super-riter, Noiseless and Electric Typewriters

## Gantrisin 'Roche'

ine.

y to ill-

ip-

on

### antibacterial action plus...

#### greater solubility

Gantrisin is a sulfonamide so soluble that. there is no danger of renal blocking and no need for alkalinization.

### higher blood level

Gantrisin not only produces a higher blood level but also provides a wider antibacterial spectrum.

#### economy

Gantrisin is far more economical than antibiotics and triple sulfonamides.

#### less sensitization

Gantrisin is a single drug-not a mixture of several sulfonamides—so that there is less likelihood of sensitization,

GANTRISIN®-brand of sulfisoxazole (3,4-dimethyl-5-sulfanilomido-isoxazale)

TABLETS . AMPULS . SYRUP

### HOFFMANN-LA ROCHB INC.

Roche Park . Nutley 10 . New Jarsey

### **Sidelights**

Your bank as trustee •

F.S.A. elevation: boon or betrayal? • Accent on disability

insurance • Obsolete wills • Labor needs convincing

#### Bank Trusts

According to the Seventh MEDICAL ECONOMICS Survey, the average physician carries \$45,000 worth of life insurance. So he probably feels that his family would be reasonably well provided for if he were to die prematurely.

But would it? Much depends on how the proceeds will be made available to the doctor's survivors.

Often the insurance company is authorized to pay the beneficiaries direct—either in a lump sum or in periodic installments. But as an article in these pages points out, this may not be altogether satisfactory.

With a lump-sum settlement, there's always a chance that the whole estate will be misspent or invested unwisely. And an installment provision has its drawbacks, too. For one thing, the insurance companies pay low interest rates; for another, their fixed payments may prove hopelessly inadequate in an inflationary period.

You may do better if you make your policies payable to a bank as trustee. The bank can then invest the money along lines you've previously outlined.

Many financial counselors regard such a trust agreement as both safe and flexible. Your insurance proceeds, they say, are likely to stretch a lot further if they're invested in conservative stocks and bonds. And a bank trusteeship is, at the very least, a guarantee that the money won't be frittered away.

### **New Cabinet Post**

Mixed in with the applause President Eisenhower is getting for having raised health to Cabinet status are some catcalls. The Association of American Physicians and Surgeons, for instance, insists that there should have been a prior investigation of the Social Security system. And the Marjorie Shearon newsletter says the Administration was guilty of a "shameful betrayal" in its elevation to department level of the Federal Security Agency.

Doctors who take a dim view of the move have phrased their opposition this way: Hasn't Mr. Eisenhower created the mechanism with

### /////.. more efficient control of nausea and vomiting of . . .

PREGNANCY



ity

re-

ard

afe

ro-

tch in ind

ery ney

esi-

av-

tus

ion

ur-

hat

in-

rity

ron

ion

al"

vel

of

po-

enrith

MOTION SICKNESS



POST-ANESTHESIA



RADIATION SICKNESS



### APOLAMINE"

Investigations prove that the antinausea drugs show a higher degree of effectiveness when given together.

Apolamine is a balanced combination of effective antingusea agents for a more comprehensive four-point control of nausea and the vomiting reflex.

### **APOLAMINE**

#### CONTROLS THE CEREBRAL VOMITING CENTER

With a gentle sedation that depresses the vomiting reflex and relieves the patient's nervousness.

#### CONTROLS EXCESS PARASYMPATHETIC STIMULE

Which give rise to salivation, gastric hypersecretion and, in turn, vomiting.

#### HELPS TO CONTROL METABOLIC FUNCTIONAL IMBALANCES

Provides the vitamins of the B complex which tend to reduce the incidence of nausea and vomiting.

#### CONTROLS LOCAL GASTRIC IRRITATION

Minimizes the nauseous reaction to various foods by decreasing the sensitivity of the mucosal lining of the stamach.

Each tablet contains 15 mg. (1/4 grain) Luminal®. 0.1 mg. (1/600 grain) atropine sulfate, 0.2 mg. (1/300 grain) scopolamine hydrobromide, 0.1 Gm. (1 1/2 grains) benzocaine, 4 mg. riboflavin. 2.5 mg. pyridoxine HCL and 25 mg. nicotinamida.

Apolamine is supplied in bottles of 100 tablets.

for the prisoner of iron-deficiency anemia . . .

THERE'S one effective way to release her-a prescription for potent, iron-vitamin therapy such as IBEROL.

One IBEROL tablet t.i.d. provides a therapeutic amount of iron, plus B12, folic acid and five other B complex factors. Also supplies standardized stomach-liver digest and ascorbic acid. See formula,

IBEROL tablets are compressed. triple coated-contain no trace of liver odor or taste. An outer sugar coating masks the iron, gives a pleasant odor and taste.

For prophylaxis in pregnancy, old age or convalescence, one or two tablets daily are usually enough. IBEROL may be used as a supplemental hematinic in pernicious anemia. In bottles of 100, 500 and 1000. abbott

THREE IBEROL TABLETS: the average daily therapeutic dose for adults, 

PLUS THESE NUTRITIONAL CONSTITUENTS:

Thiamine Mononitrate	6. mg
(6 times MDR*)	
Impoliavin (3 times MDR*)	6 mg
Nicotinamide (2 times RDA†)	
Ascorbic Acid (5 times MDR*)	150 mg
Pyridoxine Hydrochloride	. 3 mg
Pantothenic Acid	. 6 mg
Vitamin B <sub>12</sub>	
Folic Acid	3.6 mg





### IBEROL

(Iron, B<sub>12</sub>, Folic Acid, Stomech-Liver Digest, With Other Vitamins; Abbett)

ne

D

ac

su

he ne

su

br is 1

no

the lat of

kej

#### SIDELIGHTS

which some future Oscar Ewing may socialize medicine?

We question this as a valid argument. An article in this issue, about the new Cabinet post, suggests to us that Ewing's failure to jam through his pet project had nothing to do with his position in the executive hierarchy. He'd have failed even if he'd been in the Cabinet. He couldn't have succeeded—as long as Congress opposed the plan.

With Oveta Hobby and her successors, it seems to us, the same thing applies: As long as the lawmakers reject socialized medicine, no department head can force the issue, and the country will escape it.

### **Disability Insurance**

Are you adequately insured against loss of income through ill health or accident? Doctors who've suffered such loss consider this type of policy as important as life insurance.

Here's how they figure it:

If the breadwinner dies, his family needs money for its support. If he becomes disabled, the family needs money not only for its own support but for that of the former breadwinner as well.

Fortunately, long-term disability is rare. But it *can* pose a greater economic threat than sudden death.

Trouble is, some doctors who've thought they were covered have later learned they weren't, because of a loophole in their policy that kept them from collecting. That al-

NOW IN BOOK FORM!

### Letters to a Doctor's Secretary



In this new volume, MEDICAL ECONOMICS has assembled its complete, step-bystep course of instruction for the physician's aide. Sixteen chapters cover such topics as:

Handling patients Car Telephone technique Bo Medical terminology Col Office routine Me

Case histories Bookkeeping Collections Medical ethics

Bound between handsome, black laminated covers, with the title stamped in gold, this convenient pocket-size book contains 75 information-packed pages. Prepaid price: \$2.

Medical Economics, Inc.	Rutherford, I	i.J.
Please send me "Letters to retary." I enclose \$2.	a Doctor's S	iec
Name (please prin	t)	
Street		
City	State	

most happened to the physician whose story appears in this issue.

As a result of his close call, he offers medical men advice we think bears repeating: "If you don't have protection against prolonged illness, get it. If you do have it, make sure it will pay what you expect it to."

### Where There's a Will

You've heard how easily your estate can be whittled down if you die without leaving a will. You may not have heard how easily the same thing can happen if your will was written before 1948.

In that year, Congress established a new marital deduction. If your will is written to take this into account.

you can save several thousand dollars in death taxes on a typical estate. But unless your property is passed on in the prescribed manner, you may miss out on these tax savings-leaving your family with that much less to live on.

This warning is amplified by an article in this issue. It can be amplified even more by your lawyer. We recommend that you consult both.

### **Educating Labor**

Perhaps labor and medicine aren't the battlers they used to be; but they're still far from ready to shake hands. Take, for example, their conflicting views on comprehensive health insurance. MORE→



#### Skin Protectant to favor Healing in

- · Housewife's Eczema
- · Occupational Dermatoses
- Decubitus Ulcers · Pruritus Ani from
- Enzymes · Pruritus Vulvae from
- Discharge
- · Colostomy Drainage Other Draining Fistulas
- · Persistent Diarrhea, Etc.

Available in 1 oz. Tubes and 1 lb. Jars

### Dramatic. **NEW SKIN PROTECTANT**

Described in Journal of Investigative Dermatology, 17:125 (September, 1951)

For the first time, utilizing properties of silicone oils! Silicote provides prolonged protection against skin irritation and maceration. In clinical tests, effective in 525 dermatologic cases - many of which were failures under currently acceptable therapy. Silicote is chemically inert, adhesive, moisture repellent.

Contains 30% Silicone Oils in a Specially Refined Petrolatum Base

Send for Samples and Literature ARNAR-STONE LABORATORIES, INC. Formerly Named Americaine, Inc.

1316 Sherman Ave. Evanston, III.

ICONE OINTMENT



dolesv is

ner, sav-

that

an

pli-

We

th.

en't

but

ake on-

ive  $E \rightarrow$ 

cone

inst ests.

of

able

sive.

111.

oral penicillin which can be given with meals

### PERMAPEN

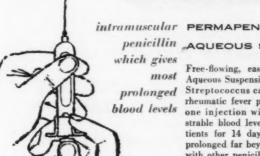
#### ORAL SUSPENSION

Palatable, easy-to-take peach-flavored Permapen Oral Suspension will maintain constant demonstrable blood levels of penicillin in most patients when just one teaspoonful is given every eight hours. These blood levels are independent of the relation of dosage to meals - in fact, Permapen may be given with meals without loss of efficacy.

> Supplied: 2fl. oz. bottles, 300,000 units per 5 cc. teaspoonful.

## ma

(BRAND OF DIBENZLETHYLENEDIAMINE DIPENICILLIN G)



## penicillin AQUEOUS SUSPENSION

Free-flowing, easy-to-give Permapen Aqueous Suspension can eliminate the prolonged Streptococcus carrier state in most rheumatic fever patients because just one injection will produce demonstrable blood levels in almost all patients for 14 days or longer - levels prolonged far beyond those attainable with other penicillin compounds.

> Supplied: In sterile, single-dose disposable Steraject\* cartridges, 600,000 units each. with foil-wrapped, sterile needle.

> > TRADEMARK, CHAS. PFIZER & CO., ING.





CHAS. PFIZER & CO., INC. BROOKLYN 6, N. Y.

more

assured

COMPARISON OF COMPLETE CURES"

frein Milann, BAr IN. Sec. Ed. 49:50 (Doct 172).

Planting and 1900 with after market of area bears combaine belowing

with this new therapeutic combination



## A-P-Cillin

A recent clinical evaluation\* of the effectiveness of certain drug combinations in acute upper respiratory infections, including the "common cold," clearly demonstrated A-P-Cillin to be, by far, the superior preparation.

It was found that 97.5% of the patients receiving A-P-Cillin were completely asymptomatic or improved at the end of the 72 hour treatment period.

Other commonly used preparations brought only 54% and 47% relief by the end of the same period.

To relieve distressing nasopharyngeal and constitutional symptoms, and to prevent secondary upper respiratory complications, prescribe—

#### White's A-P-CILLIN

Each tablet contains: Procaine Penicillin G

ne Penicillin G Acetylsalicylic acid

PC Phenacetin Caffeine

Phonyltoloxamine Dihydrogen Citrate (antihistamine)

100,000 units

2½ gr. 2 gr.

½ gr. 25 mg.

The usual adult dose of A-P-Cillin is 2 tablets administered three times per day. Clinical experience indicates that treatment should be continued for not less than seventy-two hours. For optimal effect, the tablets should be taken at least one hour before or two or more hours after meals.

White Laboratories, Inc., Kensilworth, H. J.

\*McLane, R. A.; Clinical Evaluation of Combined Drug Therapy in Acute Upper Respiratory Infections, J. M. Soc. N. J. 49:509 (Dec.) 1952.

#### SIDELIGHTS

After years of experience with Blue Shield, many medical leaders have concluded that insurance should cover only the costs of consequential illness. It's not practicable, they say, to underwrite lesser sickness bills. Dr. Paul Hawley, former chief executive of Blue Shield, estimates that minor medical services tend to cost 50 per cent more than they're worth when an insurance company enters the picture.

Union leaders, on the other hand, have long contended that really comprehensive health insurance is feasible. And judging by their statements (some of which are quoted in this issue), they still feel that way.

By reading between the lines, you might easily decide that they'll set-

tle for nothing less than an all-embracing scheme to cover all costs related to sickness: protection against hospital, surgical, and medical bills; also coverage for such items as dentist bills, drug costs, and loss of income through sickness.

The average doctor may have trouble taking such demands seriously. Yet he'll do well to remember that union leaders do take them seriously. And so do the 16 million workers they represent.

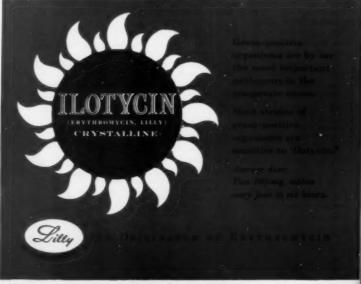
We think it's time for doctors to make an effort to convince labor and the general public of two facts:

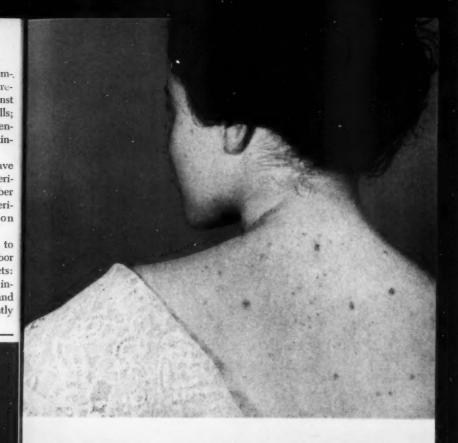
¶ That comprehensive health insurance might be a costly luxury, and

¶ That it would be no less costly if employers had to foot the bill.

Yet

Sm





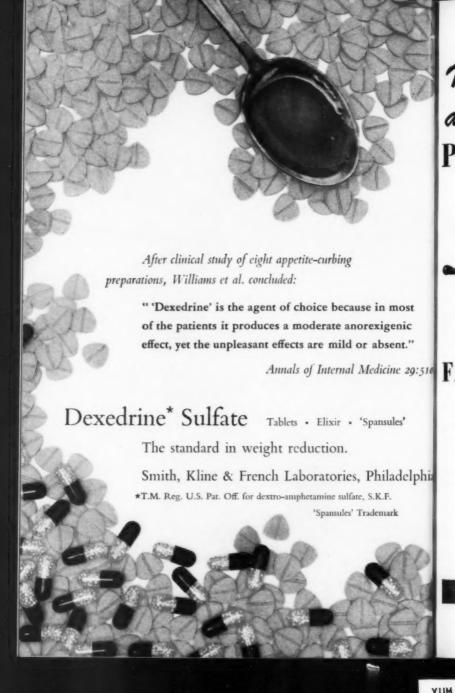
## for rapid improvement in acne-ACNOMEL\*

To this young lady, acne on the shoulders is fully as embarrassing as facial acne. For her evening gowns and play clothes expose unsightly acne lesions.

Yet after a single application of 'Acnomel' she may dress as she pleases
—without embarrassment. Acnomel's delicately flesh-tinted base
masks acne lesions, yet is virtually invisible when applied.

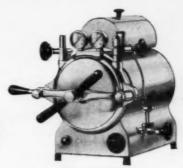
Even more important, Acnomel's clinically proved active ingredients—resorcinol and sulfur in a special, grease-free vehicle—bring rapid improvement in acne not in weeks or months, but in days.

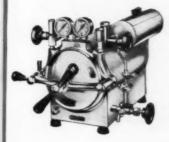
Smith, Kline & French Laboratories, Philadelphia \*T.M. Reg. U.S. Pat. Off.



Now...
a new, big

## PELTON HP-2





joins the pioneering.

## **SPEEDY FL-2**

for

## FAST, EFFECTIVE AUTOCLAVING

Early in 1951, we introduced the revolutionary FL-2 Autoclave, which, for the first time, reduced minutes to seconds between consecutive sterilizing periods. Since then, orders have far exceeded our steadily increasing production of the FL-2.

Now, we are proud to present the big brother of the FL-2... the new HP-2, with a sterilizing chamber 8 inches in diameter that takes instruments up to 16 inches long. Like the FL-2, the new HP-2 generates and then stores steam under pressure in its outer chamber ready for instant use. To the private office it brings large sterilizing capacity plus speed, hospital safety, economical operation, and professional distinction.

Ask your dealer today about Pelton HP-2.

## PELTON

THE PELTON & CRANE CO., DETROIT 2, MICHIGAN

phi



## IT'S THE SIMPLE, LOGICAL MILK TO USE-

## AFTER FORMULA DAYS ARE OVER, TOO!

As a physician, you know what many mothers fail to realize . . . that Pet Evaporated Milk, the same good milk that nourishes children so well in infancy, is good milk to drink after weaning, too. In fact, many physicians agree that it is best to keep babies on Pet Milk at least through the first year.

Pet Milk is complete in the essential food values of milk...helps develop strong bones and sound teeth... and helps babies grow. Infants who have thrived on Pet Milk are accustomed to this good milk...

and readily accept it, diluted with water, as a delicious beverage.

At the same time, parents find that Pet Milk is just as easy to use as other forms of milk—no more bottles, no more sterilizing, no more fuss.

And Pet Milk, the original evaporated milk, costs less than any other form of whole milk—that means big savings on food bills in these days of high living costs.

So recommend against changing the milk they thrive on. Urge young mothers to use Pet Milk after weaning, too.

FOR INFANT FORMULA

FAVORED FORM OF MILK

PET MILK COMPANY, 1482-E ARCADE BUILDING, ST. LOUIS 1, MISSOURI

"where the liver is damaged

administration of

## LIPOTROPICS

is indicated"



#### IN GERIATRIC PATIENTS

"There is no doubt that many persons, especially those of advanced age, have functional and structural hepatic alterations. Many times the hepatic deficiency is but slightly apparent or nonapparent..."1

#### IN OBESE PATIENTS

"The present study indicates the uniform presence of liver damage in human obesity as manifested by liver function tests and biopsies."2

Lipotropic therapy combats fatty infiltration of the liver and helps restore normal hepatic function.

LAKESIDE LIPOTROPICS ... three forms for optimal dosage and individualized therapy

1. Pollak, O. J.: Delaware State M. J. 24:157, 1952.

2. Zelman, S.: Arch. Int. Med. 90:141, 1952.

For massive dosage; highly palatable, sugar-free vehicle.

00!

ith

Pet her

no

ted

of

on

sts.

he

ng

er

RI

#### LIPOLIQUID

Each tablespoonful (15 cc.) contains:

Choline\* (equivalent to 9.15 Gm. of choline

dihydrogen citrate) . 3.75 Gm. Vitamin B<sub>12</sub> U.S.P. 4.20 mcg. Inositel . . . . 75.00 mg. 4.20 mcg.

"As tricholine citrates

Pint bottles.

Desage: 1 to 2 tablespoonfuls daily for adults.

High dosage capsule

#### LIPOCAPS®

Each orange capsule contains:

Choline bitartrate . . 450 mg.

di-Methionine . . . 150 mg. Inositol . . . . 100 mg.

Bottles of 100.

Besage: One capsule three times daily.

For moderate dosage and supplementation

#### LIPOTROPIC CAPSULES

Each pink capsule contains:

Choline dihydrogen citrate 200 mg.

100 mg. Bottles of 100.

Desage: 1 or 2 capsules three

times daily.



smaller size easy to swallow

small dosage only 3 capsules daily

## Natalins

the new smaller prenatal capsules

A nation-wide survey of practicing physicians revealed large size plus large dosage to be the greatest deterrent to patients' regular use of prenatal capsules.

Natalins are designed to overcome these objections, while giving generous protection against vitamin and mineral deficiencies. Their small, easy-to-swallow size and small dosage (only 3 capsules daily) help assure continued use during the stress period of pregnancy.



## Natalins

MEAD JOHNSON & COMPANY Evansville 21, Ind., U.S.A.



#### Vitamin and Mineral Potencies

	3 capsules					
Hutriant	<b>Supply</b>					
Vitamin A	6000 units					
Vitamin 0	600 units					
Asserbic soid	100 mg.					
Thiomine flydrachloride	3 mg.					
Ribollavio	4.5 mg.					
Niscinamida	30 mg.					
Pyridexine hydrochloride	0.5 mg.					
Calcium portstkonate	3 mg.					
Felic soid	I mg.					
Vitamia 8 <sub>12</sub> (cryptoline	e) 1 mag.					
Ferreus cultote						
(exsiccuted) 25.5 m	e.					
per capesie, to ours						
Iren	22 mg.					
Purified yeal been sub-						
to populy:						
Calcium	375 mg.					
	187.5 mg.					
Natalins also contai of copper, zinc, mar						
magnesium and fi	luorine.					
All villamors are in we	C Indepoted					
(hypeatlergenic)						

oft

192

tor in eas mı vic for

mo

tai pa



Supplied is bettles of 100 and 500



## Prelude to asthma?

## not necessarily . . .

Tedral, taken at first sign of attack, often forestalls severe symptoms.

in 15 minutes... Tedral brings symptomatic relief with a definite increase in vital capacity. Breathing becomes easier as Tedral relaxes smooth muscle, reduces tissue edema, provides mild sedation.

for 4 full bours...Tedral maintains more normal respiration for a sustained period—not just a momentary pause in the attack.

## Prompt and prolonged relief

with Tedral can be initiated any time, day or night, whenever needed, without fear of incapacitating side effects.

Tedral provides:
theophylline 2 gr.
ephedrine 3/8 gr.
phenobarbital 1/8 gr.
in boxes of 24, 120 and 1000 tablets

## Tedral

WARNER-CHILCOTT

Laboratories

NEW YORK

## Which aged patient has PA...?



Pernicious anemia is basically a disease of older people. Although none of the aged patients depicted here may have pernicious anemia, it is very likely that all of them have deficient secretion of intrinsic factor, which in extreme cases would result in pernicious anemia. Among the many functions of the human organism which slow down as we advance in age is the stomach's secretion of intrinsic factor. Assure a full quota of intrinsic factor and its essential partner, vitamin B<sub>12</sub>, for your aged patients by prescribing Bifacton. Only two tiny Bifacton tablets constitute a full U.S.P. anti-anemia unit, sufficient for maximal daily replacement of intrinsic factor and vitamin B<sub>12</sub>.



**BIFACTON**°

The <u>Only</u> Intrinsic Factor Product Recognized and Approved by the U.S.P. Anti-Anemia Board

Bifacton tablets are available in baxes of 30, specially stripped in hermatically sealed



Organon inc. · ORANGE, N. J.

Bifacton Patent Pending



Eac

cin

neo

1 02

# mixed surface infections...

Each gram contains 5 mg, neomycin sulfate (equivalent to 3.5 mg, neomycin base).

Available: Ointment in  $\frac{1}{2}$  oz. and 1 oz. tubes, and 4 oz. jars. Cream in  $\frac{1}{2}$  oz. tubes.

The Upjohn Company, Kalamazoo, Michigan



## Myciguent CREAM OR Trademark Reg. U.S. Pat. Off.

Announcing

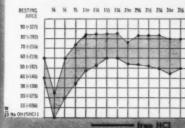
## Nulacin

FOR

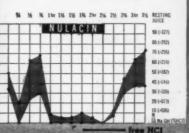
Continuous Acid Neutralization
in Peptic Ulcer

Comparable to Drip Thorapy but tree from its inconvenience and its difficulties

- 1. Douthwaite, A. H., and Shaw, A. B.: The Control of Gastric Acidity, Brit. M. J. 2:180 (July 26) 1952.
- 2. Douchwaite, A. H.: Medical Treatment of Peptic Ulcer, M. Press 227:196 (Feb. 27) 1952.



GASTRIC ANALYSIS. Superimposed gruel fractional test-meal curves of five petients with peptic ulcer.



GASTRIC ANALYSIS. Same patients, two days later, showing the neutralizing effect of sucking Hulacin tablets (3 an hout).

Continuous neutralization of the gastric contents, the sine qua non of successful peptic ulcer therapy, is conveniently and effectively achieved with Nulacin tablets.

Placed between the gum of the upper jaw and the cheek, and allowed to dissolve, the Nulacin tablet slowly releases its acid-combining ingredients. Thus its maintained antacid effect is comparable to that of continuous intragastric drip, but is entirely free from the disadvantages and inconveniences of the latter.<sup>1</sup>

Highly palatable and providing only 11 calories, each Nulacin tablet is prepared from milk combined with dextrins and maltose and incorporates:

Magnesium trisilicate		0		3.5	gr.
Magnesium oxide			9	2.0	gr.
Calcium carbonate .				2.0	gr.
Magnesium carbonate				0.5	gr.
Ol. menth. pip					. q.s.

The efficacy of these antacids is enhanced manyfold by the unique method of administration employed in the form of Nulacin.<sup>2</sup>

The Nulacin tablet is lozengeshaped for convenient retention in the buccal sulcus, and of proper hardness to avoid too rapid disintegration.

For the treatment of active ulcer, the patient should be instructed to suck Nulacin tablets, two or three every hour, beginning one-half to one hour after each meal.

During quiescent periods, the suggested dose is two tablets between meals, beginning half an hour after each meal. The efficacy of the tablet is greatly reduced if it is chewed and swallowed.

Nulacin is available in distinctive prescription label tubes of 25 tablets at all pharmacies.



Horlicks Corporation

Pharmaceutical Division

RACINE, WISCONSIN

loves a fat man except

vital statistics\*

heart disease 42%
cerebral hemorrhage 59%
nephritis 91%
diabetes 283%
cirrhosis 149%

appendicitis 123% gallstones 106%

\*[Stat. Bull. Met. Life Ins. Co. 32:10:1, 1951)

Cycetin - for double-acting control of abnormal hunger.

High content of the satisfying non-nutritional bulk of hydrophilic methylcellulose (500 mg. per tablet)

Low desage of d-amphetamine phosphate (2.5 mg. per tablet) for psychologic elevation of mood.

## CYCOTIN

Desage: Two tablets with water three times daily before meals.



Reed & Carnrick a trusted name since 1860
Jersey City 6, N. J., Toronto, Ont.

## GLYTHEONATE

Theophylline-Sodium Glycinate Patch

a xanthine that is fully effective orally because it is well tolerated orally

## GLYTHEONATE tablets and syrup

Each tablet, or teaspoonful (5 cc.) of syrup, contains: Theophylline-Sodium Glycinate 325 mg. (5 gr.), representing Theophylline U.S.P. 162 mg. (25 gr.).

Bottles of 100 and 500 tablets. Syrup in pint and gallon bottles.

## also GLYTHEONATE tablets

with

Phenobarbital 16.2 mg. (% gr.)

with

Racephedrine Hydrochloride 24.3 mg.(% gr.) and Phenobarbital 16.2 mg. (% gr.)

with

Rutin 20 mg., and Phenobarbital 16.2 mg. (% gr.)

## GLYTHEOWATE suppositories

Rectal dosage for emergency use. Each contains: Theophylline - Sodium Glycinate 0.78 Gm. (12 gr.), representing Theophylline U.S.P. 0.39 Gm. (6 gr.). Boxes of 12.

THE E. L. PATCH CO. - STONEHAM, MASSACHUSETTS



## rheumatic

...but comfortable

since her doctor prescribed

## MEPHOSAL

MEPHOSAL enables rheumatic patients to go about daily tasks in greater comfort.

It won't cure rheumatism, unless it's a condition like an acute low back or a sacroiliac strain, which is reversible, but it will, safely and promptly...

- \* Relax muscle spasm
- \* Relieve rheumatic pain
- \* Control concomitant g.i. tension
- \* Increase ease and range of motion
- \* Help avoid disabling deformity

MEPHOSAL contains

dosage: 1 teaspoonful Elixir or 2 or 3 tablets

tles of 50, 100 and 500; Elixir, 8 oz. and 1 pint.

every 3 or 4 hours. supplied: Tablets in bot-

samples and literature to physicians on request

CROOKES LABORATORIES INC



Therapeutic Preparations for the Medical Profession



70

e

# pruritus

he is willing to try almost anything to obtain relief, but his troubles are not likely to be helped by

- -ineffective calamine1
- -irritating phenol<sup>2</sup>
- -sensitizing local anesthetics of the "caine" group3
- -antihistaminies which are known as "great sensitizers"3

## his relief is assured

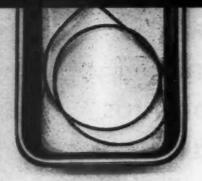
with non-sensitizing, effective CALMITOL. The ingredients of Calmitolcamphorated chloral, hyoscyamine oleate and mentholraise the threshold of sensory nerve endings and skin receptors and promptly stop itching.

- Goodman, H.: J.A.M.A. 129:707, 1945.
   Lubowe, I. I.: New York State J. Med. 50:1743, 1950.
   Nomland, R.: Postgrad. Med. 11:412, 1952.



non-sensitizing antipruritic

Thos. Leeming & Ca Inc., 155 East 44th Street, New York 17, N. Y.



IN URINARY

TRACT INFECTIONS

## rapid response

"Patients with pyclitis were well and doing their usual duties within 24 hours . . ."" ... resistant cases showed remarkable response."

## high urine levels

"Terramycin was selected . . . in view of high urinary excretion rate following small oral doses of the antibiotic."

#### unexcelled toleration

"Terramycin is generally well tolerated, the percentage of relapses being low and the percentage of bacteriological as well as clinical cures high." 1

- 1. Canad M A J. 66 TS1 (Feb.) 1952.
- 2. J. Urol. of 762 (Max) 1952.
- 3. Ibid. 69 315 (Feb.) 1953.

Terramycin

Pfizer

## Letters

Charging colleagues • Resort-town

courtesy • Health officer's training • Foreign exchange program • Postoperative aid • Hospital personnel • If doctors were barbers • Exclusive hospitals • Surgical societies

## **Professional Courtesy**

Sirs: Dr. Charles Miller's article, "Doctors Should Pay for Medical Care!" is well written and thought-provoking. Personally, though, I hope the day never arrives when I feel it necessary to charge colleagues for my services.

John J. Andujar, M.D. Fort Worth, Tex.

SIRS: When I'm consulted by a colleague, either for himself or his family, I'm flattered at his confidence in me. I feel that nothing is too good for a fellow physician and that he deserves every moment of time I can give him. And how much of a hole does this make in my pocket? Infinitesimal!

M.D., Oregon

Sirs: As a doctor's wife, I thank you for that article. There isn't a statement in it with which I disagree. We live in a small town where all the doctors are friends or acquaintances; and this makes it doubly hard for a doctor's family to seek medical attention. It only adds to one's discomfort to have to accept "charity" from a friend.

How I envy a mother who is free to take her child to the doctor of her choice, and who knows she'll get a bill from him on the first of the month, just as she does from the grocer!

> Alice Mary Jackson Kenton, Ohio

Sirs: My husband and I and our four children have invariably received prompt, kindly, and good medical care, although we have never paid a fee or tendered a gift.

I always send a note of thanks to the treating physician, and would do so even if there were a bill to pay. The thanks are for the excellent treatment, not for the free care.

Ellen Dawson San Francisco, Calif.

Sins: I have the perfect solution for paying a physician who won't send me a bill for professional care. I send him a U.S. Treasury bond of appropriate denomination, with his child as beneficiary. He can't refuse it, especially since the gesture has a touch of family friendliness that removes any commercial "repayment" element.

> Isadore Rodis, M.D. Washington, D.C.

#### In Florida, Too

Sirs: I've read several complaints in your magazine against Florida physicians who presumably charge their medical brethren atrocious fees for services rendered. So I'd like to express a different point of view, based on personal experience.

When I was in Miami Beach, I contracted pneumonia, followed by coronary occlusion. None of the three physicians who treated me ever sent me a bill; all I could do was to persuade them to accept a small gift as a token of my appreciation.

Ernest Leibholz, M.D. Maspeth, N.Y.

#### P. H. Administration

Sins: One of your readers recently asked how a doctor can get started in administrative medicine. Since your reply touched only briefly on public health administration, I'd like to add the following:

The most satisfactory and desirable method of entering the field of public health administration is through an approved training program. Such a program would include one year of academic work in an approved school of public health, followed by residency training in an

A.M.A.-accredited health department. Fellowships are available to physicians who are interested in such training.

After completing a program of this type, the physician has a sound basic knowledge of public health practice on which to build his future career.

Franklyn B. Amos, M.D.
Director, Office of Professional Training
State Department of Health
Albany, N.Y.

#### From a German Doctor

Sirs: I was one of the German doctors who came to New Jersey under the "Dr. Read Program." [See "An Experiment in Understanding," MEDICAL ECONOMICS, October, 1952.] I must say most emphatically that the American medical men showed exceptional confidence in us and made us feel we were real colleagues.

The fact that I was a German was not held against me—not even by those who, because of their religion, had been forced to emigrate from Germany. I'd like to emphasize that among these people I formed valuable friendships—something that, on their part, was surely not an easy matter.

I believe I speak for all who were fortunate enough to be included in the program, when I express sincere thanks for the care and effort which Dr. and Mrs. Read gave to this noble work. Aside from the knowledge we acquired along medical lines, we all learned to appreciate and love America.







Moderate divertic action, sustained effectiveness, and minimal toxicity

... a clinically desirable compound that makes Calpurate a preferred diuretic in long-term therapy. Calpurate also stimulates cardiac output.

Calpurate—the chemical compound, theobromine calcium gluconate—is remarkably free from gastro-intestinal and other side effects . . . does not contain the sodium ion.

## To 'lighten the load' in Congestive Heart Failure

Calpurate is particularly indicated: when edema is mild and renal function adequate . . . during rest periods from digitalis and mercurials . . . where mercury is contraindicated or sensitivity is present . . . for moderate, long-lasting diuresis in chronic cases.

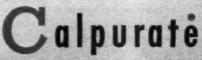
## Dosage - may be individualized as necessary

Usual adult dose is 1 or 2 tablets t.i.d., following meals. Where there is a pathological accumulation of fluid, 2 tablets at two-hour intervals for three doses, with a pause until the following day, frequently produces a greater diuresis and avoids habituation.

Usual adult dose of Calpurate with Phenobarbital is 1 or 2 tablets t.i.d., following meals.

MALTBIE LABORATORIES, INC. . NEWARK 1, N. J.

Supplied:
Calpurate Tablets of 500 mg. (7% gr.)
Calpurate Powder
Calpurate with Phenobarbital
Tablets—16 mg. (% gr.)
phenobarbital per tablet



The moderate, non-toxic diuretic

Let us hope that in the future Dr. Read's program may become a real exchange and that young American doctors may be welcomed in a like manner in our German medical schools and hospitals.

Dr. med. Frank R. Lichtenheld Wiesbaden, Germany

### Surgical Aftercare

Sins: One of your correspondents recently wrote: "Whenever I referred a patient to the late Dr. William T. Bull, he invariably told him: 'I am a surgeon, not a general practitioner. Surgical procedure is sometimes followed by medical complications. If I operate, I'll want your doctor to work with me as attending physician.'"

This method was not merely fair to the G.P.; it was probably much better for the patient, too.

Too often, the surgeon assumes an attitude of omniscience and tries to handle any and every part of aftercare himself. If trouble arises postoperatively, he's likely to consult a member of the hospital staff—without even notifying the referring physician. I believe this is done, at least by some surgeons, as an implied disparagement of the value of consultation with the patient's own doctor.

Yet, in many instances, the referring doctor, whether general practitioner or specialist, has a much greater knowledge of the patient's past history and physical condition than does the surgeon or the staff consultant. Here's an example from my own experience:

An elderly woman whom I'd referred for a cholecystectomy showed signs of heart failure following the operation. Without informing me, the surgeon called in an internist; and the latter, a competent man, saw no need for digitalization. That evening, while in the hospital, I happened to read the patient's chart and to notice that digitalis, which she had taken for years for a severe auricular fibrillation and myocardial failure, had been discontinued before the operation and hadn't been resumed. At my order, digitalis was reinstituted and she recovered, though she'd seemed close to moribund.

This kind of experience is not unique.

Harold J. Harris, M.D. New York, N.Y.

## **Interne Crisis**

Sins: As every doctor knows, there's a severe shortage of junior internes. Each year, more than 10,000 accredited interneships must be filled; yet, to fill them, there are only about 6,000 medical school graduates. This disproportion will be intensified by hospital expansion now planned or under way.

As I see it, there's only one practical way to relieve the situation, and that's by an immediate, country-wide extension of the interneship period to two years.

An imposition on the younger

n

de e, t; i, t I t h e il - n s i, i-

nt

), ('.

; t

ded

T



NOW
for the first time
full
therapeutic
dosage
of aminophylline
ORALLY

Cardalin tablets

Cardalin-Phen tablets

## with safety and simplicity

for the cardiac patient for the asthmatic patient for diuresis

## Cardalin

## tablets

Each tablet contains:

Aminophylline . . . . . . . . 5.0 gr.
Aluminum Hydroxide . . . . 2.5 gr.
Ethyl Aminobenzoste . . . . 9.5 gr.

Cardalin-Phon contains, in addition, 1/4 gr. of phonokarbital for sodution.

Cordolin and Cordolin-Phen tablets are best tolerated after moets and preferably administered with one-helf glassful of milk.

Supplied: Battles of 108, 509, 1008.

Cardalin and Cardalin-Phen contain 5 grains of Aminophylline per tablet... the highest concentration supplied for Oral Administration. Two protective factors (Aluminum Hydroxide and Ethyl Aminobenzoate) counteract the local gastric irritation so common to oral aminophylline therapy. Prolonged treatment at high dosage levels can be accomplished with Cardalin and Cardalin-Phen, as demonstrated by extensive clinical studies.

Cardalin and Cardalin-Phen tablets rapidly produce clinical response of the same magnitude as that obtained by intravenous administration of aminophylline. These new products permit the physician to institute and maintain effective oral treatment in conditions formerly considered amenable only to rectal or parenteral aminophylline therapy.

IRWIN, NEISLER & COMPANY

Decatur, Illinois

Research to Serve Your Practice

men? Perhaps. But an examination of other possible solutions shows that this one would be the fairest and most effective.

For example, the need for more internes could be met by enlarging the medical schools or increasing their number. But the results of this expensive project would at best be noticeable only four years from now; and it's questionable whether we want to produce physicians at a highly increased rate. (Actually, hospitals are suffering from a maldistribution of doctors. Men in white are scarce, but there's a plethora of physicians in sack suits.)

Another solution would be to reduce drastically the number of hospitals approved for interneships. But this would only make things worse. For we're already witnessing a situation in which the wealthier, better known hospitals are able to fill their interne quotas, while the humbler institutions can barely get skeleton crews.

The result is that in the understaffed hospitals routine work overburdens the few men who must hold the fort, and educational standards and morale both deteriorate. Yet these are the very institutions that most need to improve their services.

So we come back inevitably to my first suggestion. A two-year interneship is the best solution.

No one can argue that a second year would be wasted. The interne would still be learning. And, in the long run, his two-year stint would help him further; for by the time he got into practice, his hospital, like others, would be well supplied with internes.

> G. E. Gruenfeld, M.D. St. Louis, Mo.

### Haircut: 35 Cents

Sins: There's much talk these days about doctors charging exaggerated fees. And sometimes the complaints seem well-founded.

But generally the medical profession gets considerably less for any specific service than it did before the war—in relative terms, that is.

According to the Bureau of Labor Statistics, today's dollar is worth only a little over 50 cents, in comparison with its pre-war purchasing power. Yet many physicians now charge only \$4 for a house call, or one-third more than they charged before the war. Meanwhile, the cost of a haircut has gone up from 35 cents to \$1.25!

M.D., New York

## Private Clubs?

Sins: Our hospitals were chartered as workshops for all doctors to use in the relief or cure of the sick. But they've become, instead, exclusive clubs for a favored 25 per cent of our practitioners.

Despite this, they ask for local and state funds to make up their deficits and to pay for their so-called charitable service to the public. We physicians should demand that legislators withhold such support until



#### LETTERS

the hospitals allow staff privileges to all doctors in good standing.

M. B. Levin, M.D. Baltimore, Md.

#### A.C.S. vs. I.C.S.

SIRS: A recent issue of MEDICAL ECONOMICS contains a letter from a New Jersey physician who blames the American College of Surgeons for some of its troubles with the International College. I agree with much of what he says; but I can't agree that the A.C.S. "seems destined to become an exclusive 'club'—a nice organization to belong to but one with little real potency."

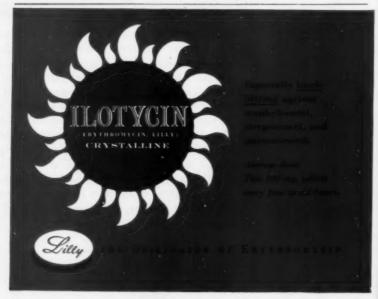
The A.C.S. renders immense service to the profession: It has wonderful library, motion picture, and

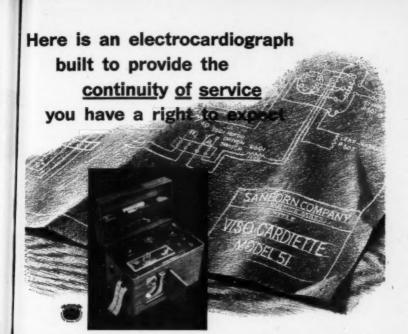
abstracting services. Its staff will assist doctors in preparing and writing medical papers. And its hospital standardization program has been approved by the Joint Commission on the Accreditation of Hospitals as one of the best ever set up in this country.

He

If its members continue to support and cooperate with Dr. Hawley, I'm sure the college will soon mean to the surgeons of this country what the Royal College of Surgeons means in Great Britain.

Membership in the A.C.S. should be sufficient proof to the public and to the profession that a surgeon is fully qualified to practice his specialty. What's more, such membership ought to be considered the





While it is important that your ECG be Accepted by the AMA Council on Physical Medicine and Rehabilitation, it is of equal and perhaps greater consequence to you that it also be designed and constructed to maintain these performance standards in continuous service.

The VISO-CARDIETTE is designed first of all to exceed the Council's requirements concerning the instrument's recording characteristics. And then, the highest quality purchasing and production control assures the maintaining of that performance in each instrument long after it has left the factory.

For example, all purchased components selected for use in the Viso are of precision instrument quality,

and all are chosen for their continuity of service rather than their initial cost. Also, every component in each assembly and every assembly in each instrument, as well as the completed instrument itself, are all thoroughly checked torigid Sanborn specifications as they move along the production line.

In addition, VISO-CARDIETTE construction is guided by electronic and mechanical experts who know from long experience that electrocardiography demands an instrument of only the highest quality performance.

Yes, you can expect Continuity of Service with a VISO-CARDIETTE.

A new booklet, "Check Lists for Buyers of ECG's" offers guidance in evaluating the various instruments available. A copy will be sent simply on your request.

Makers of fine ECG's since 1924

al

n n

IS is

CAMBRIDGE 39, MASSACHUSETTS



The DeVilbiss No. 40 is used by more patients than any other nebulizer. DeVilbiss has been successful in creating a nebulizer that meets all medical specifications governing correct particle size and adequate volume of delivery, yet the price to the patient is just three dollars! (Slightly higher in Canada.) The No. 40 is specified for use with:

- · Horisodrine Sulfate Inhalant Solution 1:100
- Suprarenalin Inhalant 1:100
- · Epinephrine Hydrochloride 1:100
- . Clegans 0.5%
- · Adrenalin 1:100
- · Isonorin Sulfate Inhalant Solution 1:200
- · Epinephrine (1:100 Solution)
- · Inkalant Isuprol Hydrochloride Solution
- . Supraronin Solution 1:100

You can recommend the DeVilbiss No. 40 Nebulizer to your patients with complete confidence. The DeVilbiss Company, Somerset, Pa. and Windsor, Ontario.



ATOMIZERS

NEBULIZERS • VAPORIZERS

"The Line the Physician Knows and Prescribes"

#### LETTERS

prime achievement of every surgeon and surgical specialist.

M.D., Virginia

earned reputation as the fines

by Hamilton ... with an

Sins: In 1913 a group of noted surgeons got together in an effort to correct certain evils then existing in the practice of surgery. One surgeon in each community was invited to join; and in this way the A.C.S. was formed. After that, any applicant for membership had to be acceptable to the lone surgeon in his locality who was already a member. I'd like to see a list of the applicants who were refused membership in the first five years of the organization's existence.

This policy of exclusiveness still continues. Dr. Hawley said recently: "I would not allow anybody to go into my belly who was not a member of the American College of Surgeons or a diplomate of the American Board of Surgery." As a layman must see it, then, every surgeon outside these two organizations is unfit to do surgery.

But a member of the A.C.S. can do all the unnecessary surgery he wants to, without censure—if he isn't caught. This ought to boom the membership of the A.C.S. The line forms on the right, gentlemen.

Paul Nettle, M.D. Bradford, Mass.

Sins: "M.D., New Jersey" evidently knows little, if anything, about the aims and objectives of what he smugly calls "the not-at-all exclusive I.C.S." He's apparently ignorant of the fact that a large percent-

VE by Hamilton...with an earned reputation as the finest

In Walnut or Blande Mahagany, at Your Hamilton Dealer's, now

Hamilton Manufacturing Compary



Chip Pulls a "Pip"

Chip Hanson is a clever commercial artist. Beside doing cartoons on our paper, he picks up "free lance" drawing jobs.

Right now he's whipping up posters for the Safety Campaign. They all have headlines like "PLAY IT SAFE!". . . or, "A LIVE WIRE CAN START A FIRE!"

Chip looked a bit sheepish yesterday. Didn't want to tell me why. Finally he blurted out, "I feel like a dope. Here I am on this safety program and the fire inspectors tell me my own studio's a fire trap. I've been storing paint there for years..."

From where I sit, what happened to Chip could happen to anyone. He was just too busy informing everyone else about safety — not realizing his safety was threatened. Like those who fret about their neighbors — how they should practice their profession, whether they should have coffee or a glass of beer with lunch — Chip simply forgot to "draw" some obvious conclusions about himself!

Joe Marsh

Copyright, 1953, United States Brewers Foundation

age of the members of the International College of Surgeons also belong to the A.C.S. It might also be mentioned that every year there are members of the A.C.S. who are turned down by the I.C.S. because they haven't the necessary qualifications for membership.

> Harold H. Fox, M.D. Miami Beach, Fla.

SIRS: "M.D., New Jersey" verges on libel with his snide remarks. Does he have the temerity to suggest that all A.C.S. fellows are the epitome of what is best in surgical practice? Does he flatter himself that only A.C.S. fellows are qualified to do surgery?

Evidently Dr. Melvin Casberg, chairman of the Armed Forces Medical Policy Council, doesn't agree with your anonymous correspondent. He recently notified Dr. Karl A. Meyer that "Fellows of the United States Section of the International College of Surgeons will be given full recognition for the efforts they have expended in attaining their position, and every effort will be made to assign them as specialists in accordance with their professional training."

Instead of attempting to belittle the I.C.S. with his ill-considered remarks, "M.D., New Jersey" should take time off to scan the complete roster of noted men who give their time and energy to this most worthwhile organization. The I.C.S. has already done much to foster a needed spirit of international cooperaWhenever you find constipation
with attendant symptoms
of biliary dysfunction
(as so often is the case)
you will find
appropriate therapy in
Zilatone tablets



BILE SALTS ... to improve biliary function
MILD LAXATIVES ... to relieve constipation
DIGESTANTS ... to combat dyspeptic distress

Available at all pharmacies in boxes of 20, 40, and 80 tablets; also in bottles of 500 and 1000

Generous trial samples to physicians on request

Drew Pharmacal Co., Inc. 1450 Broadway, New York 18, N. Y.



tion and the interchange of knowledge among surgeons in almost every country of the world.

There's no real basis for antagonism between the A.C.S. and the I.C.S. The one is the leader in this country, the other internationally.

> Morris Weintrob, M.D. Brooklyn, N.Y.

Sirs: "Like the American College of Physicians," says your correspondent, the A.C.S. seems destined to have "little real potency." This was an unfortunate comparison.

There is no more active and potent medical society in the world than the A.C.P., which is directly responsible for the high standards maintained in the training of internists in this country. The college originally established the American Board of Internal Medicine, and it still plays a very active part in the establishment of requirements for approved residencies in internal medicine. Furthermore, it's one of the active administrative bodies in the newly organized Joint Commission on the Accreditation of Hospitals.

Other activities of the A.C.P. include a widespread program of fellowships and awards, as well as publication of the Annals of Internal Medicine. And it conducts regional meetings in addition to a large national convention in internal medicine.

E. R. Loveland
Executive Secretary
American College of Physicians
Philadelphia, Pa.



SEPTISOL provides of true hand antisepsis... used regularly it keeps hands surgically clean.

SEPTISOL'S cumulative action keeps on killing bacteria — even

many hours after washing.



SEPTISOL is nonirritating to the normal skin. Natural vegetable emollient leaves your hands soft and truly clean.

SEPTISOL is a concentrate; one gallon makes two gallons of "use" solution.

Free plastic Dispenser with each gallon of Septisol

Try SEPTISOL teday. Just call your dealer.

VESTAL INC.

when diet is most important...



# NATABEC adjunct for pregnancy and lactation



By providing balanced amounts of vitaminmineral factors, NATABEC Kapseals help promote the optimum nutrition so essential to the physical well-being of the woman in pregnancy. Greater freedom from obstetrical complications is fostered, easier delivery is more likely to result, and the present and future health of the mother and her child is often bettered.

#### each NATABEC Kapseal contains:

agen muruare ushees:		 14.	
Dicalcium Phosphate (anhydrous)			
Ferrous Sulfate		 	75 mg.
Vitamin B12 (crystalline)		 	2 mcg.
Polic Acid		 	I mg.
Synkamin (as the hydrochloride) .		 	0.5 mg.
Rutin		 	20 mg.
Vitamin A			
Vitamin D			
Vitamin B1 (thiamine hydrochloride			
Vitamin B2 (riboflavin)			
Nicotinamide (niacinamide)			
Vitamin Be (pyridoxine hydrochlori	ide)	 	1 mg.
Vitamin C (ascorbic acid)			
STRADE MARK			

#### dosage

As a dictary supplement during pregnancy and lactation, one or more Kapecals daily. Available in bottles of 100 and 1000.



Parke, Davis + Company

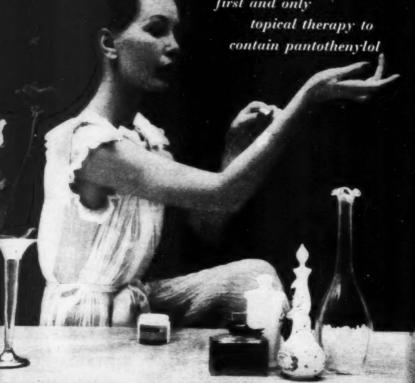
new and more effective. faster, safer treatment common skin conditions

with

# panthoderm

cream

first and only topical therapy to



relieves itching, pain, and irritation and stimulates granulation and healing in eczema and resistant dermatoses · pruritus · external ulcers · diaper rash  $\cdot$  burns  $\cdot$  ivy dermatitis  $\cdot$  and other dermatological disorders...even those long resistant to conventional therapy ...virtually free from sensitization and local irritation; patch tests are negative.



panthoderm

is evaluable in 1 ex. tubes, 2 ex. and 1 ib. jars

Samples and detailed Mareture upon request;

USV

**U.S. VITAMIN CORPORATION** 

Casimir Funk Laboratories, Inc. (affiliate) 250 E. 43rd St., New York 17, N. Y.

# HEINZ FOUR PRE-COOKED BABY CEREALS ARE NOW FORTIFIED WITH ACTIVE IRON

- Proumembers of the medical profession have long recognized the need for pre-cooked cereals with a dependable level of iron which a baby's delicate digestive system can easily, fully absorb. Now Heinz announces that active iron has been added to all four Heinz Pre-Cooked Cereals. Two tablespoons of any one of these cereals give the infant 50% of his daily requirement.
- When you recommend
   Heinz Pre-Cooked Baby Cereals
   Rice, Oatmeal, Barley or Cereal

Food—you can also be confident baby is getting uniform amounts of this essential iron. Heinz Quality Control Department constantly checks Heinz Pre-Cooked Cereals for flavor, consistency and nutritive value.

O You'll find that the babies in your care enjoy the pleasant flavor and the light, fluffy texture of all four Heinz Pre-Cooked Cereals. And mothers everywhere know they can trust Heinz Baby Foods—the only kind backed by an 84-year reputation for high quality.



blurred vision

Can FUNCTIONAL G.I. SPASM be relieved . . . without "BELLADONNA BACKFIRE"?

# YES!

More and more published clinical studies continue to prove that BENTYL provides effective relief from pain, cramps and general discomfort due to functional G. I. spasm . . . without "belladonna backfire."

SAFE, DOUBLE-SPASMOLYSIS



Trade-mark "Bentyl" Hydrochloride



Each capsule or teaspoonful syrup contains when sedation is desired

DOSAGE: Adults — 2 capsules or 2 teaspoonfuls syrup 3 times daily, before or after meals. If necessary repeat dose at bedtime.

In Infant Colic—1/2 to 1 teaspoonful syrup 3 times daily before feeding.

Hary Protest

R. 1. Antacid combination

2. Demulcent

3. Antispasmodic

Now you can add the "MISSING FOURTH"

in peptic ulcer therapy

4. ANTILYSOZYME

### KOLANTYL INCLUDES THE IMPORTANT 4th FACTOR

- 1. A SUPERIOR ANTACID COMBINATION (magnesium oxide and aluminum hydroxide, also a specific antipeptic).
- A SUPERIOR DEMULCENT (methylcellulose, a synthetic mucin).
- A SUPERIOR ANTISPASMODIC (BENTYL Hydrochloride)
  which provides direct smooth muscle and parasympathetic
  depressant qualities without "belladonna backfire."
- 4. INACTIVATION OF LYSOZYME—Laboratory research and clinical studies 1, 2 indicate that lysozyme plays an important role as one of the etiologic agents of peptic ulcer. By inhibiting or inactivating lysozyme with sodium lauryl sulfate, KOLANTYL includes the important 4th factor toward more complete control of peptic ulcer.

# **KOLANTYL**

DOSAGE: 2 Kolantyl tablets or 2 to 4 teaspoonfuls of Kolantyl Gel every 3 hours as needed for relief. 1. Hufford, A. R., Rev. of Gastroenterology, 18:588, 1951 2. Miller, B. N., J. So. Carolina M. A., 48:1, 1952 Merrell 1972 Processor of respects by

TRADE-MARKS "KOLANTYL." "BENTYL"

# Use and prescribe the **NEW** Johnson's **ELASTIC BANDAGE** (Rubber Reinforced)



LIVELY rubber threads in this cool, lightweight bandage give optimum support with less tension than is usually



Available in 2", 234", 3" and 4" widths. All 534 yds. long when stretched.

required. Women also like its natural flesh color.

Compare its elasticity, strength, weight and contour conformity with the elastic bandage you are now using. You'll readily see the superiority of Johnson's Elastic Bandage—Rubber Reinforced.

Johnson-Johnson

# **CONSTIPATION\***

possibly the greatest single

of the patient
who is over

40

In these cases, laxation alone isn't enough.

Because constipation in this age group is usually associated with indigestion and biliary stasis. Prescribe Caroid® and Bile Salts with Phenolphthalein to obtain these three beneficial actions:

choleratic action — for an increased flow of bile digestant action — aids protein and fat digestion laxative action — gentle laxation with minimal decage

> Supplied — bottles of 20, 50, 100, 500 and 1000 tablets write for professional samples to

AMERICAN FERMENT CO., Inc. 1450 Broadway, New York 18, N. Y.

\*Rehfuss, M. E.: Indigestion, Philadelphia, W. B. Saunders Co., 1943, p. 322

CAROID AND

BILE SALTS tablets

Specifically indicated in

biliary dyspepsia and constipation

During the first three months of life

.. reliable source of essential vitamins

... for the diet-difficult infant

... when fat absorption is impaired

# White's

# Aquasperse

VITAMIN A C D DROPS

supplies all the vitamins needed in the first months of life—A, C and D—in an aqueous vehicle. Contains only synthetic vitamin components—an excellent dietary supplement for those who cannot tolerate natural source vitamins.

Contains (per 0.6 cc): 5000 U.S.P. units Vitamins A—1000 U.S.P. units Vitamin  $D_0$ —50 mg, Ascorbic acid

Bottles of 15 and 50 cc. with calibrated droppers.

Through infancy and childhood

... multiple vitamin potency

...in readily absorbable aqueous dispersion



# Multi-Vierops

provides balanced amounts of the vitamins necessary to proper nutrition in normal infants, in a stable, watermiscible solution. Contains only synthetic vitamin components. Unusually pleasant tasting when taken directly; does not alter the flavor of foods with which it is mixed.

Contains (per 0.6 cc): 5000 U.S.P. units Vitamin A-1000 U.S.P. units Vitamin Da

1 mg. Thiamine hydrochloride U.S.P.—0.4 mg. Riboflavin

50 mg. Ascorbic acid-10 mg. Nicotinamide

1 mg. Pyridoxine hydrochloride-2 mg. Panthenol

Bottles of 10, 30 and 50 cc.

White Laboratories, Inc., Pharmaceutical Manufacturers, Kenilworth, N. J.



Stocked by leading wholesals druggists and surgical supply houses as a ½5%, 1% or 2% colusion, without hybridge, 1100, -20 and with Episasphrine 1100, -20 pilled with Episasphrine 1105, 100. All substians dispensed in 50c. and 20c. multiple does viails, packed 550c. or 520c. to acreen.





Xylocaine® Hydrochloride (Astra) merits special consideration by the busy anesthesiologist and surgeon. Profound in depth and extensive in spread, its well-tolerated effect is more significantly measured by the time saved through its remarkably fast action, by which so much normally wasted "waiting time" is converted to productive "working time".

# XYLOCAINE® HCL

Pronounced Xi Jo'coin

(Brand of lidocaine \*HCL)
AN AQUEOUS SOLUTION

A 4th dimensional approach to preferred local anesthesia

Bibliography available on request.



ASTRA PHARMACEUTICAL PRODUCTS, INC. WORCESTER, MASS. U.S.A.

198 S. Brance Str. (2-44) AN

# Polyethylene **Tubing** simplifies intravenous therapy



## **Polyethylene Tubing Permits:**

- · One puncture in place of many
- Greater patient comfort
- In surgical cases where shock may collapse the veins, a readily accessible point of entry to the vein is assured

Simple to Use-Polyethylene tubing simplifies intravenous therapy by acting as an indwelling intravenous catheter. The tubing is introduced into the veins of the patient through the lumen of a hypodermic needle which is removed immediately after the insertion of the catheter. Since the tubing does not set up a tissue reaction it generally can be left in from a period of four days up to three or four weeks. This precludes the necessity for constant intravenous puncture. One puncture serves for many infusions.

Numerous Applications - Apart from prolonged intravenous therapy, polyethylene tubing has been used in gavage and lavage, caudal and spinal analgesia in obstetrics, exchange transfusion in pediatrics, and various surgical procedures.

Clay-Adams Polyethylene Tubing is animal-tested to insure freedom from tissue reaction. Twenty-three different tube sizes and four sizes of Luer-lock couplers are available.

Form 447B contains complete description of tube sizes and methods for use.

Order From Your Local Supply Dealer

Clay-Adams 141 East 25th Street, New York 10, N. Y.









Havea









# There's a BURTON LIGHT for **Every Professional Use**

Seeing-tasks are not all the same. To provide the ideal light for the particular task is a specialized business requiring specialized knowledge and unique engineering and production skills.

For over a quarter century Burton Manufacturing Company has specialized in providing seeing aids and lighting equipment to fill professional needs. Thus the name "BURTON" on any lighting unit is your guarantee that it has been scientifically designed, developed, engineered and produced for the specific use for which it is intended. Ask your dealer for a demonstration in your office.

DOCTORS | problems. Free on request.

FREE TO | Send for Burton's 16 page booklet that is vital to every general practioner and specialist interested in solving his seeing

BURTON MANUFACTURING COMPANY LOS ANGELES 64, CALIF. 11201 WEST PICO BOULEVARD

hildren

take it



SWALLOWED WHOLE

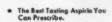
without

the least

CHEWED-OR IN FOOD OR LIQUID

bit of fuss...





- The Flavor Remains Stable Down to the Last Tablet in the Bottle.
- 24 Tablet Bottle . . . 2½ gr. each 15¢

24 p D D 14 p

Grooved Tablets-Easily Halved.



CHILDREN'S SIZE BAYER ASPIRIN

We will be pleased to send samples on request THE BAYER COMPANY DIVISION of Starling Brug Inc., 1450 Broadway, New York 18, N. Y.



friendly in taste tastes like chocolate pudding-readily taken by children . . . or adults.

> friendly to normal aciduric flora - the type essential to normal peristalsis. Suppresses putrefactive bacteria to obviate distressing flatulence.

friendly in effectiveness - so gentle, no rush, no griping, strain or leakage. Lubricates, softens intestinal contents. Evacuations are moist. comfortably passed.

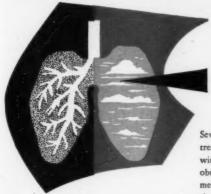
NEO-CULTOL'

for tasting and testing sampl

friendly to the constipated colon

gton chemical company

# The most significant result in the treatment



# Bronchial Asthma

HP\*ACTHAR Gel

### Advantages

Administered as Easily as Insulin: Subcutaneously or intramuscularly with a minimum of dis-

#### Fewer Injections:

One or two doses per week in many instances.

#### Rapid Response, Prolonged Effect: Combines the two-fold advantage of sustained action over prolonged periods of time with the quick response of lyophilized ACTHAR.

#### Much Lower Cost:

Recent significant reduction in price, and reduced frequency of injections, have advanced economy of ACTH treatment.

Severe bronchial asthma can now be treated in the home and in the office with a degree of success similar to that obtained with hospital care. Improvement is prompt and dramatic. Neither the patient's age nor the chronicity of the asthmatic condition detracts from the efficacy of ACTHAR treatment, which has stood the most severe of all tests of usefulness-the requirements of the general practitioner. The use of the disposable cartridge syringe-an immediately available form of HP\* ACTHAR Gel-can be a life-saving measure in the medical emergency which suddenly arises in the course of long-standing "intractable" asthma. HP\*ACTHAR Gel has demonstrated its superiority over customary measures in many instances of bronchial asthma, and has brought about gratifying remissions lasting as long as 18 months.

\*Highly Purified. ACTHAR\* is The Armour Laboratories Brand of Adrenocorticotropic Hormone—ACTH (Corticotropin).



THE ARMOUR LABORATORIES

A DIVISION OF ARMOUR AND COMPANY . CHICAGO 11, ILLINOIS

-world-wide dependability

PHYSIOLOGIC THERAPEUTICS THROUGH BIORESEARCH

pain

# Strascogesic

Now available on prescription

R. J. STRASENBURGH CO

### NON-NARCOTIC... NON-BARBITURATE... NON-ACID

Strascogesic acts directly in three ways maintaining its effect for 3 to 4 hours.

- ... Provides rapid and effective analgesia
- ... Markedly improves patient outlook
- ... Relaxes tension

Strascogesic is exceptionally well tolerated and of particular value in the treatment of dysmenorrhea, rheumatic and low back pain, muscle and joint pain, headache, colds and grippe. Average adult dose, 1 to 2 tablets every 3 to 4 hours.

# it works!

analgesic

Each Tablet Contains

Acetyl-p-aminophenol Salicylamide

.... 200 mg.

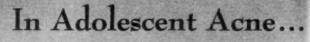
anti-depressant

Raphetamine (racemic amphetamine phosphate, monobasic)

relaxing

Metropine® (methyl atropine nitrate) 0.5 mg.

Strasenburgh



# RESULIN

(Almay Resorcin and Sulfur Compounds)

THERAPEUTICALLY EFFECTIVE—
COSMETICALLY TINTED

for follicular obstruction:

LOTION – Regular (full strength) for severe cases and extremely oily skin. Modified (half strength) for sensitive skins and to determine tolerance in new cases.

SUPPLIED: 2 shades each strength, blonde and brunette, bottles 4 fl. oz.

OINTMENT – for daytime masking of lesions. Washable, penetrates rapidly.

SUPPLIED: 2 shades, blonde and brunette, tubes 1½ oz.

SOAP with Salicylic Acid. SUPPLIED: cake 4 oz.

for associated seborrhea of scalps
-RESORCITATE (Almay Lotion
Salicylic Resorcino)

Monoacetate Compound)—

Plain, for oily hair...

With oil, for dry hair.

Resulin samples, literature on ALMAY'S prophylactic cosmetics on request.

ALIMAY.

Division of Schieffelin & Co. - 22 Cagger Square, New York 3, N.Y.



# An Open Letter of Thanks to the Doctors and Hospitals of America

We take this opportunity to thank you for the encourag. ing support you have given our original "Kolor-sized" banding and the proven quality of Seamless Surgeons Gloves. Thank you, too, for helping us to set the highest sales record for Seamless Surgeons Gloves ever recorded over a 12-month period - and for bearing with us while our production was pressed.

We wish we could report instant delivery on all Seamless Surgeons Gloves. While this is not immediately possible, we are working hard to make supply equal demand.

Please be assured that throughout periods of increased material costs and unusual sales demand we will never. under any circumstances, relax the high standards of production and inspection you have come to expect from Seamless Surgeons Gloves. We will continue to offer durable gloves consistent with highest tactile sensitivity and comfort requirements.

Thank you again for your support and insistance on quality of product. Sincerely.

> elelians Thomas Gibbons Vice President and General Sales Manager



# An Outstanding Dietary Supplement

for the prophylaxis or treatment of nutritional deficiencies

Complete
Potent
Economical



11 Vitamins; 10 Minerals

DOSAGE: As a dietary supplement—1 tablet daily. In severe deficiencies—2 or more tablets daily to restore normal tissue levels.

Eli Lilly and Company . Indianapolis 6, Indiana, U. S. A.

## Dietary Essentials Combined in One Comprehensive Formula

### Each Tablet 'Mi-Cebrin' contains:

Thiamine Mononitrate 10	mg.
Riboflavin 5	mg.
Pyridoxine Hydrochloride 2	mg.
Pantothenic Acid	-
(as Calcium Pantothenate) 10	mg.
Nicotinamide	mg.
Vitamin B <sub>12</sub> (Activity Equivalent) 3	meg.
Folic Acid 0.1	mg.
Ascorbic Acid (as Sodium Ascorbate) 100	mg.
Alphatocopherol	mg.
Vitamin A Synthetic10,000 U.S.P.	units
Vitamin D Synthetic	units

### Also co

ontains:	approximately		
Iron (as Ferrous Sulfate)	. 15	mg.	
Copper (as the Sulfate)		mg.	
Iodine (as Potassium Iodide)	. 0.15	mg.	
Cobalt (as the Sulfate)	. 0.1	mg.	
Boron (as Boric Acid)	. 0.1	mg.	
Manganese (as the Glycerophosphate)	. 1	mg.	
Magnesium (as the Oxide)	. 5	mg.	
Molybdenum (as Ammonium Molybdate).	. 0.2	mg.	
Potassium (as the Chloride)	. 5	mg.	
Zinc (as the Chloride)		mg.	

TABLETS

rals ppleevere blets issue

. A.

(VITAMIN-MINERAL SUPPLEMENTS, LILLY)



Grip . . . Bend . . . Snap— Kimble Color-Break Ampuls are ready to use!

## Parenteral solutions get perfect protection

# in new COLOR-BREAK ampuls

Here's the all-glass package the medical profession has been waiting for the Kimble Color-Break Ampul.

It can't be tampered with . . . it keeps the solution as pure and sterile as the day it was packed . . . it is easy and safe to open.

There's no filing . . . no scoring . . . no sawing! Simply hold one in the ordinary way . . . press on the top as you always have with ampuls. Stem

snaps off. You've made a clean, easy break and the ampul is ready to use.

Many producers of parenteral solutions are already using Kimble Color-Break Ampuls. You can recognize them by the patented blue color band around the neck of the ampul. When you get a carton of these Neutraglas ampuls remember: With patented Color-Break ampuls, just snap off the top. There is no filing, no scoring, no sawing.



## KIMBLE GLASS COMPANY

Toledo 1, Ohio - Subsidiary of Owens-Illinois Glass Company

\*Color-Break is a trade mark of the Kimble Glass Company

# Questions

Small foreign cars for

professional use • How to persuade a patient to consult a qualified specialist • How to avoid giving curbstone advice

### Is it a good idea to buy a small foreign car for professional use?

We can't give a categorical answer, but we can outline the main factors on which you should base your decision:

¶ Cost: The purchase price of several foreign-make cars is low-something under \$2,000. In addition, they give considerably more miles per gallon than do most low-priced American automobiles.

¶ Performance: They're particularly good for winter driving. A New England doctor who's had several of them says he seldom has to use snow tires or chains. In addition, if you often make house calls in congested areas, where parking is a problem, you'll like the way your half-pint model slips into a limited space. If you live in a mountainous area, though, you may find shifting a nuisance. Many foreign cars have four forward speeds; and they aren't usually equipped with hydramatic drive.

¶ Comfort: For long-distance travel, or for use on rutted, unpaved

country roads, the lighter foreign cars aren't nearly so comfortable as the standard American models. But they're satisfactory enough on good roads and for shorter runs.

¶ Servicing: This is no problem if you have a good, foreign-car repairman near by. But not all of them are good. And there's often some delay in getting parts—the length of time depending on the make of your car and on the location of the nearest distributing center.

¶ Trade-ins: The kind of deal you can get depends pretty much on where you live. In an area where foreign cars are popular, you'll probably do well on a trade-in; but in an area where they're not common, your used foreign model may bring you relatively little.

¶ Reaction of patients: You can decide better than we what your patients might think of your driving a junior-size foreign car. Here again, it may be well to be governed by how many such cars you see on the streets.

To sum up, you may find a foreign car a good buy if you live in a city and if others in the locality potent

oral

therapy for bacterial infections

# Dramcillin

wider therapeutic control

greater convenience

fewer hypersensitivity reactions Dramcillin - 500 Dramcillin - 250

Dramcillin-250

Dramcillin-250

**Tablets** 

Dramcillin

Dramcillin Dropcillin

#### QUESTIONS

drive them. In big-city areas, performance, servicing, and trade-in are apt to be satisfactory. The rural physician, on the other hand, may do well to stick to his Buick.

A patient suggested that I refer him to a surgeon whom I didn't consider the right man for the job. What's a graceful way to handle such situations?

You don't, naturally, want to belittle the other physician. So after you've reflected on the patient's suggestion, you might tell him something like this:

"I'm sure Dr. X is a fine surgeon. But I happen never to have worked with him. On the other hand, Dr. Y has handled a good many cases like yours for me. I know his methods, and he knows mine. If you want Dr. X, I'll refer you to him, of course. But it might be simpler if you called in a doctor I'm used to working with."

Make it obvious that concern for the patient's welfare or convenience is your primary motivation. For instance, if Dr. Y has an office near yours, you might point out that it's within easy reach.

Or you might explain that Dr. Y has had special training in the treatment of the patient's ailment. Perhaps the physician has had a paper published on the subject; if so, the patient is even more likely to feel









# **B-D NEEDLES**

## DESIGNED FOR PATIENT COMFORT

Every B-D needle point is precision ground for extra sharpness, assuring maximum patient comfort. Longer tapered points provide easier penetration, while correctly angled side bevels hinder seepage and afterpain. Flat, smooth heels minimize tearing or "plug-cutting" of skin.

Made of hyperchrome stainless steel, B-D Needles are:

rust-resistant throughout

stiff enough to pierce tissues easily

flexible enough to bend without brecking

hard enough to hold a sharp point

tough enough to assure long use



Write Dept. 21-B for illustrated B-D Needle Standardization Chart

BECTON, DICKINSON AND COMPANY, RUTHERFORD, N. J.

B-D is a registered trade-mark of Becton, Dickinson and Company





#### QUESTIONS

that he's the right doctor to take his case.

It's often wise, too, to offer the patient a choice of several good specialists. He's likely to be better satisfied if he feels that the final decision was his, not yours.

## How can I avoid giving curbstone advice?

When a patient stops you on the street and asks what's good for a sore throat, you're probably tempted to get rid of him by telling him to gargle every three hours with Germbane.

You'd better not do it, though. For one thing, he may misunderstand and buy Throatbane instead. And if his sore throat doesn't improve, he'll blame you, not himself. Then, too, if you hand out impromptu advice today, he won't hesitate to ask for more of the same tomorrow.

So it's a good idea to be forearmed with an evasive answer. You might say pleasantly, "Well, it depends on the *kind* of sore throat." The reasonably intelligent layman will get the implication that he ought to go to your office for an examination.

Only his thick-skinned brother will persist, with some such remark as: "Oh, it's just an ordinary sore throat." In which case you can explain that there are no "ordinary" sore throats and can spell out the need for an office call. [MORE ]



## **How this Evaporating Plant Helps Protect** Your Recommendation of Carnation...

IT'S THE CARNATION PLANT IN WAVERLY, IOWA. And like all the many plants that process Carnation Milk, it is Carnation-owned and Carnation-supervised.

Yes, all milk sold under the Carnation label is processed by Carnation itself. Carnation never has and never will purchase milk packed by another company. This cow-to-can control is further assurance that when you recommend Carnation, the baby will get milk of uniformly high quality.

## **Carnation gives Your Recommendation this** 5-WAY PROTECTION

- 1. Cattle bred from champion Carnation bloodlines constantly improve the raw milk supplied to Carnation plants.
- 2. Carnation accepts only high quality milk for processing . . . rejects milk if it fails to meet Carnation's high standards.
- 3. Carnation quality control continues even AFTER milk leaves the plant, through frequent inspections of dealers' stocks by Carnation salesmen.
- 4. Carnation Milk is available everywhere.
- 5. ALL milk sold under the Carnation label is processed in Carnation's OWN plants.

The Milk Every Doctor Knows \*\*





from Contented Cows



Over-indulgence in food and drink often causes patients to pay for their fun with upset stomach or other distress of acid indigestion. In these cases, BiSoDol, the fast-acting antacid can provide welcome relief from stomach distress by neutralizing the excess gastric juices which cause the upset. BiSoDol has a pleasant, minty flavor. Patient tolerance is excellent. Whenever your patients need an efficient antacid, recommend BiSoDol Mints, Powder, or NEW BiSoDol Chlorophyll Mints.



WHITEHALL PHARMACAL COMPANY
22 East 40th Street, New York 16, N. Y.

#### QUESTIONS

Sometimes, the layman may ask about an ailment that's outside your specialty. In such cases, many doctors agree, it's unwise to answer merely, "I'm a dermatologist," or "I don't treat that kind of case." Here again, they advise a fuller explanation. For example: "Most of my work consists of taking care of skin ailments, so I'm probably not the man for you to see. I suggest you consult your family doctor. He's the best person to look you over generally and find out what the trouble is. If you need a specialist, he'll refer you to one."

Admittedly, some advice-seekers can be pretty persistent. When they are, you may have to take drastic measures. One physician, for instance, gravely answered his curbstone questioner this way: "To give you an opinion on that, I'd have to make a pretty thorough examination. Now if you'll just step out of your clothes..."

Another doctor, harried by a tenacious stranger's requests for medical advice at a cocktail party, feigned deafness. The layman had to repeat his question more and more loudly. Before long, he was shouting all the details of his difficulties with postprandial eructation—to the delight of the other cocktail guests.

Fortunately, such drastic expedients are rarely necessary. Most physicians have found that they don't have to insult the average advice-hungry layman, in order to make their point.



LITTLE FALLS, N. Y. C-53

Untreased Milk - she

- milk with rennet added, showing fine, readily digested curds.

"SWIKET" is the trade-mark of Chr. Hansen's Laboratory, Inc. for its rennet and other food products.

for the rheumatic patient with

Clinically proven more effective than salicylates alone—and remarkably free from toxic effects, even on prolonged administration. \*Smith, 8. T.: J. Lancet 70:192, 1950

late

Eoc

A. H. ROBINS CO., INC. • Richmond 20, Va.

Pabalate-Sodium Free is equally effective—
for use when sodium intake is restricted,
as in certain circulatory diseases, and
for concurrent administration with

ACTH and cortisone.



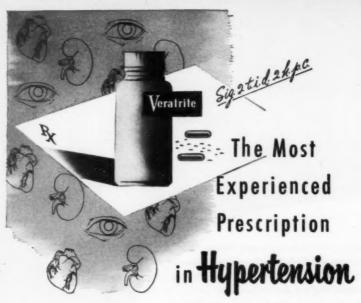
Each yellow enteric-coated Tablet provides 0.3 Gm. (5 gr.) sodium salicy-late U.S.P., and 0.3 Gm. (5 gr.) para-amino-benzoic acid (as the sodium salt).

hical Pharmacouticals of Morit since 1878

Each Persian rose enteric-coated Tablet provides 0.3 Gm. (5 gr.) ammonium salicylate, and 0.3 Gm. (5 gr.) para-aminobenzoic acid (as the potassium salt).

Or, when sodium intake is restricted

labalate-Sodium Free



Prolonged fall in blood pressure without postural hypotension

> Marked and maintained relief of subjective symptoms

Complete safety with simplicity and economy of administration

Veratrite® brings your hypertensive patients the best therapeutic benefits of Veratrum viride, as has been shown by more than fifteen years of clinical and experimental research plus experience in many thousands of ambulatory cases.

FC

0.6

75 1 sul

abl

50

wi

dro

Sustained control of blood pressure with a minimum of untoward side reactions and a maximum of safety is the significant contribution made by Veratrite to the long-term management of hypertension.

Veratrite

IRWIN, NEISLER & COMPANY . DECATUR, ILLINOIS

Research to Serve Your Practice

FOR 'PERHAPS THE MOST COMMON DEFICIENCY'

Iron deficiency anemia, "probably the commonest nutritional deficiency disease," occurs frequently in infants and children, particularly during periods of rapid growth. 2.8

A specific response is obtained in these cases with the use of Fer-In-Sol,® a concentrated solution of ferrous sulfate for convenient drop dosage. Fer-In-Sol is well tolerated, blends perfectly with fruit juices, and leaves minimum after taste.

(1) Youmans, J. B., in Handbook of Nutrition, Chicago, American Medical Association, 1951, p. 577; (2) Hansen, A. E., in Mitchell-Nelson Textbook of Pediatrics, ed. 5, Philadelphia, W. B. Sunders Co., 1950, p. 106; (3) Heck, F. J.: J.A.M.A. 148: 783, 1952.

drop

0.6 cc. contains 75 mg. (about 1 grain) ferrous sulfate. Available in 15 and 50 cc. bottles with calibrated dropper.



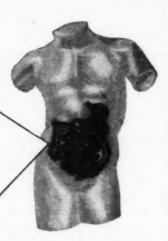
Fer-In-Sol

MEAD JOHNSON & COMPANY Evansville 21, Ind., U.S.A.



M-O

Antacid Laxative Lubricant



HALEY'S M-O is a homogenous, pleasant-tasting emulsion combining the antacid and laxative properties of Phillips' Milk of Magnesia with the lubricating action of Pure Mineral Oil.

As an antacid, Haley's M-O brings fast relief from the symptoms of gastric hyperacidity.

As a laxative, the minute oil globules are thoroughly distributed and mixed with the intestinal contents...resulting in gentle, demulcent and thorough evacuations without leakage.

Haley's M · O is especially desirable for bowel irregularities associated with pregnancy and hemorrhoidal conditions.

DOSAGE: 1 to 2 tablespoonfuls before retiring.



#### THE CHAS, H. PHILLIPS CO. DIVISION

of Sterling Drug Inc. 1450 Broadway, New York 18, N. Y.

Cortisone + 1 = Cortogen the symbol & denotes leadership in steroid hormone research and manufacture -- including Cortogen in the most useful clinical forms. For systemic therapy, use Cortogen tablets @ or injection -. For eye adisorders use Cortogen ophthalmic suspension -sterile []. The Schering seal & appears on each tablet and package -- your assurance of quality.

## CORTOGEN

Acetate (cortisone acetate, Schering) Tablets, 5 mg. and 25 mg.; Injection, 25 mg. per cc., 10 cc. multiple-dose vials; Ophthalmic Suspension —Sterile, 0.5% and 2.5%, 5 cc. dropper bottles.

Chering CORPORATION · BLOOMFIELD, NEW JERSEY
In Canada: Schering Corporation, Ltd., Montreal

CORTOGEN





## when appearance counts

## ACE FULL-FOOTED ELASTIC HOSIERY

#### supports your patients in style

Because appearance counts, ACE Full-Footed Elastic Hosiery provides the style and smart look patients demand, as well as the therapeutic support their leg structures require.

The only complete line of full-footed elastic hose available today, ACE Elastic Hosiery provides unique advantages for both men and women patients:

- · no "overhose" required
- · fits smoothly without wrinkling
- · closely resembles regular nylon dress hose
- · gentle, persistent support of entire venous tree
- · non-elastic nylon toe avoids cramping
- · full heel assures firm anchorage and comfortable wear

Available in a wide range of sizes, ACE Elastic Hastery is supplied in beige, white and black for women, and in burgundy color for men.

BECTON, DICKINSON AND COMPANY, RUTHERFORD, N.J.



ACE, T. M. Reg. U. S. Pat. Off.

the first really **NEW** development in Hydrochloric Acid therapy in years

## **Stuart Normacid**

(TABLETS

More closely parallels the normal release of HCl

Special tablet eliminates disadvantage of sudden HCl release



#### EACH TABLET CONTAINS:

440 mg. Betaine Hydrochloride

32.4 mg. Pepsin

110 mg. Methylcellulose (controls release of HCI)

#### ADVANTAGES:

- 1 Specially constructed tablet releases hydrochloric acid in the stomach at a more normal rate.
- 2 Permits larger dosage in one tablet; each tablet provides equivalent of 15 mm. dilute hydrochloric acid.
- 3 Better tolerated -more effective.

Available at all phermonias Bottles of 100 teblets



THE STUART COMPANY

## NEW...a better therapeutic vitamin formula

(STUART)

More complete Higher potencies to meet

latest authoritative recommendations Unidentified natural B factors from liver and yeast

Ten minerals Better value to your patient

BOTTLES OF 100 TABLETS AVAILABLE AT ALL PHARMACIES



SUTRITIONAL

Stuart

One rebiet

iamin Chloride . . . 10 mg flavin . . . . . 10 mg. Niocin Amide .... 100 mg Hydrochleride . . . . 2 mg. Ascorbic Acid ....300 mg.

Vitamin B<sub>13</sub>..... 4 mcg. aportant when antibiotics or sulfonamidas are used:

Therapeutic amount of synthetic Vitamin A:

Vitamin A 25,000 USP units Vitamin D 1,000 USP units

Unidentified Natural & Factors:

Yeast and liver fraction 2

Important Minerals:

Calcium . . . . . . . 100 mg. Phosphorus ..... 20 mg. fron . . . . . . . . . . 15 mg. Copper . . . . . 1 mg. dine . . . . . . . . 0.15 mg.

Trace Minerals:

langanese ..... 1 mg. Potassium ..... 5 mg. Zinc ..... 1.5 mg. Cobalt . . . . . . . . . 0.1 mg.

Stuart

#### **Editorial**

## Billion-Dollar Give-away

 Partly, no doubt, because it's more blessed to give than to talk about it, medical men seldom mention the low-fee and nofee services they render to needy patients.

But there are times when those services should be mentioned.

The facts about free care become pertinent, for example, whenever the talk turns to "dollar-chasing doctors" and to "commercialism within the profession." Such criticism—even if directed at the few—usually rubs off on the many. And it shouldn't be allowed to.

Why not? Because American doctors are now giving away far greater dollar values than ever before in their history.

Here are the facts:

According to the Seventh Medical economics Survey, physicians now donate a whopping \$400 million worth of direct charity services each year. This estimate—comprising 12 per cent (the percentage of their time they devote to charity care) times \$3.4 billion (the approximate gross value of their total working hours)—is probably a conservative one. For it takes no account of the fact that services given free are often of the more expensive types.

Doctors make cash contributions, too—many of them to medical charities. And these gifts, the survey shows, amount to some \$90 million a year, in addition.

Finally, there are the doctor bills that patients simply don't pay. These uncollected accounts add up to another \$450 million annually. True, this sum isn't contributed voluntarily as a gift; yet it clearly belongs on the free-service list. 

[MORE→

Total value given away? About \$950 million a year, or almost a billion dollars.

Can any other occupational group match this record? Businessmen can't; lawyers can't; perhaps even clergymen can't.

The only ones who have promised to do better are the socialist medical planners. And their promises don't cut much ice any more.

At least not with people who know about private medicine's billion-dollar performance.

#### Admission of Guilt

The doctor who makes an error in diagnosing or treating a case (and who doesn't, occasionally?) is often reluctant to bill the patient for his services. Such reluctance is well intentioned—but it may be risky business. Here's an example of what can happen:

An East Coast obstetrician told the wife of a Korea-bound Army corporal that she was pregnant. Because she obviously had little money, he didn't order a lab test to confirm the diagnosis. As a result, it was some months before he discovered that the woman was actually harboring a cyst.

She seemed to take the news in her stride, though; and the physician subsequently performed a successful operation. Because of his initial error, he sent no bill for the service.

Some weeks later, she asked him

why he hadn't charged her. "My original diagnosis was wrong," he replied honestly. "I only wish I'd spotted the real trouble earlier. I could have made things easier for you."

This remark, added to his disinclination to send a bill, set wheels turning in the patient's head. She decided to see a lawyer—and the OB man now faces a malpractice suit.

Moral: It's wise to make a reasonable charge for services, even when they've been less than perfect. If the patient then refuses to pay, the doctor needn't go to extremes to collect. But at least he hasn't pleaded guilty in advance.

#### Lead, Kindly Light

Even in this age, bread cast upon the waters often returns.

A young G.P. was telling us about an old fellow who wandered into his office. It seems that during the past year the old man had been undergoing treatment at the clinic. Sometimes our friend had taken care of him; sometimes another doctor had.

But now he'd been left a little money, and he could afford private care again.

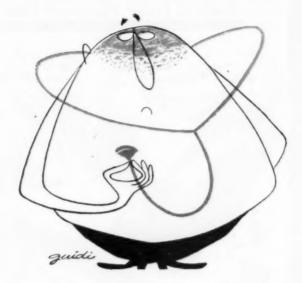
"But what made you come to me?" the young physician wanted to know. "I wasn't the only doctor who treated you at the clinic."

"I know," the old man said softly.
"But you were the only one who ever helped me on with my coat."

## Talk It Over First-or Else



#### **Diagnosing Your Security Needs:**



## An Insurance, Investment, And Estate Plan—All in One

Here's what one financial consultant considers the ideal combination: insurance for protection only; steady purchase of shares in a conservative mutual fund; and over-all management of your assets by the trust department of a bank

By David A. Norton

• Financial security was once considered an elusive willo'-the-wisp, to be achieved by only a fortunate few. But this generation of Americans regards it as its birthright. Under the Federal Social Security Act, millions of people today look forward to security through Federal old age assistance (a security, incidentally, that may prove more apparent than real).

Most doctors aren't among those millions. They have to provide long-term financial security for themselves.

What's the best way to do this? Insurance men, stockbrokers, and salesmen of more than 150 mutual investment funds all proclaim that they alone have the answer. As a result, the medical man may well find himself tossed about on a sea of conflicting arguments.

As financial consultants, my associates and I have had to familiarize ourselves with insurance and investment programs of all types; and after twenty years' experience with a clientele that has included more than 2,500 physicians, we've developed a pattern that we think comes closer to the ideal than any other. Here it is:

In planning for the future, our doctor-client does two things: (1) He accumulates a savings fund that will be sufficient at retirement age to support himself and any dependents he may then have. Until the fund has reached its full growth, (2) he carries enough life insurance to make up the deficiency.

These two aspects of the job are of course closely related. If you spend too much of your income on one, you may not have enough left for the other.

Protection of your family naturally comes first. That's what life insurance is for. It was never intended as an instrument for building an estate. Its purpose is to give you time to build an estate some other way; if you don't live long enough, your insurance will fill the gap.

The average insurance man won't recognize life in-

surance as a stop-gap. To him, it's an end-all. So he encourages you to take one policy to pay off the mortgage, another to educate your children, another to help you retire at 65.

#### How Much Insurance?

Better follow this simple rule instead:

Buy just enough life insurance to protect your dependents if you die prematurely. Then divorce such protection completely from your savings and investment program.

The best life insurance buy is often low-cost term insurance that continues to, or is renewable to, age 65 or 70. Companies and policies differ widely, of course; so it pays to check carefully before you buy. But be sure that your policy is renewable without examination and that it contains a waiver-of-premium clause. (A double indemnity clause for accidental death sounds great, but it's no bargain.)

One more point: If you conclude that you want, say, \$60,000 of protection, ask the company to issue it in four \$15,000 policies, each on an annual premium basis, with due dates spread out at three-month intervals. That way, you'll have the convenience of meeting your premiums quarterly, but you'll pay the annual rate. (Did you know that the privilege of quarterly payments can cost from 11 to 22 per cent?)

Next you must decide how to leave the proceeds. You generally have two unhappy alternatives: You can leave the whole sum to your beneficiaries in cash—with the chance that it may be misspent or invested unwisely. Or you can leave it with the insurance company under a settlement agreement that will provide a miserably small rate of interest for those who survive you.

Don't do either of these things. If you have enough insurance to make it worth-while (and most doctors do), set up a life insurance trust with a bank. More about this later.

Suppose the \$60,000 term insurance program I've suggested costs you \$800 a year. You'll then be interested to know that the more expensive form of coverage would have cost you about \$2,200 a year. You may be very glad of this in some possible future depression, when keeping your insurance estate intact might otherwise prove a heavy burden.

But you may as well forget my advice if you're just going to spend the money you save by buying the inexpensive term policy. The purpose of all this careful planning of your insurance is to free as much of your money as possible—to free it so that it can be put to work productively. Don't defeat the program by frittering away what you save on insurance premiums.

#### Money in 'Trust'

Now for the other part of the job: building your cash estate (the one you're probably going to retire on some day). It goes without saying that you want your savings to be both safe and productive. And the best place to accomplish this is in the trust department of a bank.

Granted, there have been cases of poor judgment by small-town banks and cases of neglect by big, competent banks. But, by and large, trusteeship has had a magnificent record; and it has been chiefly responsible for the perpetuation of the large estates in this country. You may have noticed, for instance, that whenever anyone dies and leaves several million dollars, it's always in trust with a bank.

Technically, a trust account is just the opposite of a savings account. When you put money in a savings account, the bank invests the money, pays you a low rate of interest for the use of it, and keeps the profits for itself.

In a trust department, on the other hand, you pay the bank a small fee (say, 3 per cent of ordinary income) for investing your money, and the bank must turn all the profits over to you. In the first instance, the bank gets the cream and you get the skim milk; in the second, you get the cream and the bank gets the skim milk.

In the century and a half since The Pennsylvania Company for Banking and Trusts was organized in Philadelphia as the first American trust company, not one dollar of any trust fund has ever been recorded as lost because of banking failure or dishonesty. So here's an ideal place for your funds. They'll be handled honestly through a living trust or custodian account; and you'll be relieved of all bookkeeping details.

#### How You Keep the Reins

But it's important that your money be put to work *efficiently*. If the people who manage it bungle the job, you're just as badly off as if they were dishonest.

I've mentioned that there have been instances of poor judgment on the part of banks that had too little trust business to warrant the employment of the right sort of men to handle it. On the other hand, some of the biggest banks in the country, whose competence is beyond question, have sometimes had so many trust accounts that they couldn't give adequate attention to all of them.

It may be well, then, for you to hire investment managers independent of the bank. You can do this directly by buying the services of an investment counsel firm. Or you can do it indirectly by buying mutual investment fund shares.

Because investment counsel firms tend to concentrate on relatively large accounts, and because mutual funds have had a wide appeal among more typical investors, what follows is mostly about the mutuals.

#### Which Fund to Buy

The stated objectives of mutual funds vary widely. Some are extremely conserva- [MORE ON 228]

# A Trio of Plans For a Five-Doctor Building

By Allen and Edwin Kramer, A.L.A.

• When several physicians decide to house their individual practices in a common building, their requirements are usually pretty rigid: They need so many suites and specific facilities for common use. And the projected building must be able to accommodate a stated number of assistants and patients.

Yet the choice of solutions to this problem needn't be restricted at all. Given architectural imagination, the same requirements can be met in radically different ways.

This point was demonstrated recently in a four-week, student project that we conducted at the Cornell University College of Architecture. As visiting architects, we had been brought in to guide the senior class through the special problems of medical building design.

Our best approach, we felt, would be to work from a hypothetical, but typical, case. So we set it up with these specifications:

Five physicians—an internist, an EENT man, a pediatrician, an obstetrician, and a psychiatrist—have bought a 225' x 175' lot in a residential suburb of a large Eastern city. They want a one-story air-conditioned building for themselves and for their staff of five nurses, two receptionist-secretaries, an X-ray technician, a laboratory assistant, and a pharmacist.

<sup>\*</sup>The authors are practicing architects in New York City. They report here on a medical building design project they directed at the Cornell University College of Architecture.

The aims of this medical team, we told the students, are: (1) to avoid the high office rentals common in congested areas; (2) to economize through joint use of personnel and expensive equipment; and (3) in a dignified way, to attract favorable public attention.

Naturally, we explained, the doctors want the most efficient arrangement possible for themselves. But the layout should also be spacious and convenient for patients. The building should, for example, have entrances from both the parking lot and the street.

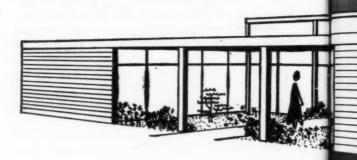
With these requirements in mind, the students evolved their individual designs under our supervision. Their completed plans, we found, fell into three general classifications:

- The common technical rooms are in a central core, surrounded by the doctors' suites and reception rooms; or
  - 2. All rooms are ranged around an interior court; or
- The doctors' offices are in a block unit, and the reception rooms are set apart from them in a pavilion-like structure joined to the main building.

An outstanding, student-designed example in each of these three categories appears on the following pages. None of them, of course, solves all problems, suits all climates or locations, or satisfies all tastes. But they do provide sound principles to follow in designing your own ideal medical building, with the help of your architect.

All three plans have an important feature in common: They include an open court that makes waiting pleasant for patients, or provides natural interior light for the staff, or does both.

Even a rigid problem in medical building design can be solved in a variety of ways—as witness the plans on the following pages



#### **Clerestory Plan**

In this design, the court is a pleasing, glassed-in conservatory through which patients enter from the street. It opens up attractively one side of both the adults' and children's reception rooms. Technical rooms, secretaries' office space, and pharmacy are placed conveniently in a square, central block surrounded by the doctors' suites.

To light these inside quarters, the roof of this section of the building is raised above the rest of the roof, leaving space for clerestory windows all the way around. These strip windows just under the ceilings illuminate all the inside rooms that need light.

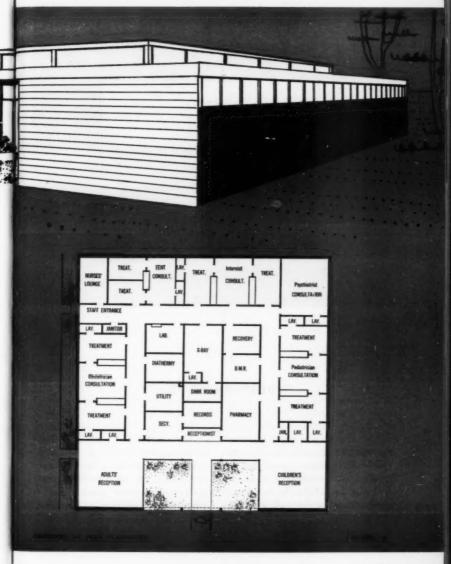
From the doctors' point of view, there are additional features to recommend this compact and economical plan. Among the advantages:

¶ The pediatrician and obstetrician have the offices most accessible to the reception rooms of their respective patients.

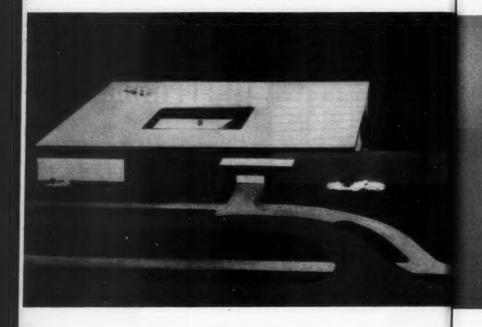
¶ The psychiatrist, who will use the technical facilities least, is given the privacy of a corner room.

¶ With one exception in the EENT suite all treatment rooms that adjoin consultation rooms have separate entrances and exits, to insure the easiest flow of patients.

The receptionist is well placed to contact patients as they enter and leave the building, but she is some distance from those in the waiting room. To offset this, a low-pitched public address system is contemplated, by means of which she can summon patients when necessary.



#### PLANS FOR A FIVE-DOCTOR BUILDING



#### **Inside-Court Plan**

Sometimes the occupants of a medical building want a court that not only will please waiting patients but will also help light the interior of the building for the staff. This plan shows a way to place the court so that nearly every room gets plenty of natural light, either from inside

or from outside the square building.

Here, the adults, in their reception room, get the benefit of this glass-enclosed court, plus separation from the children's room. The latter opens onto a partially screened outside court where the youngsters can play in good weather.



As was the case in the preceding design, the technical rooms are in a central core. They are surrounded by the suites of the four physicians who will use them most—with the psychiatrist separated from his colleagues, in an office that faces the inside court.

Here, too, the receptionist faces the patients' entrance; and, in addition, she has excellent control over both reception rooms.

Note, incidentally, the placing of

the pharmacy. This plan affords a good example of how such a feature can be fitted unobtrusively into an office scheme. With the dispensing window facing the adults' reception room, it is conveniently located; and if the patient has a short wait while his prescription is being filled, he can sit down comfortably or enjoy the planted court.

The inclusion of a pharmacy in this program does not imply an endorsement of its use in medical office buildings. It was introduced only as an added architectural problem.

#### **Outside-Court Plan**

Now suppose that the physicians want to give a spacious, outdoor atmosphere to their reception rooms without the use of an enclosed court. Here is one practical way of doing it:

First, the two reception rooms (children's and adults') are separated from the medical offices, as in the preceding plan. This is done by running a lobby through the building, with one entrance at the front and another, giving access to the parking lot, in the rear. The dispensing counter of the pharmacy and the reception desk are conveniently opposite each other halfway through the lobby.

Outside each reception room is a landscaped outdoor court. Each court is effectively screened from the street by a hedge and by a garden wall that curves out from the building.

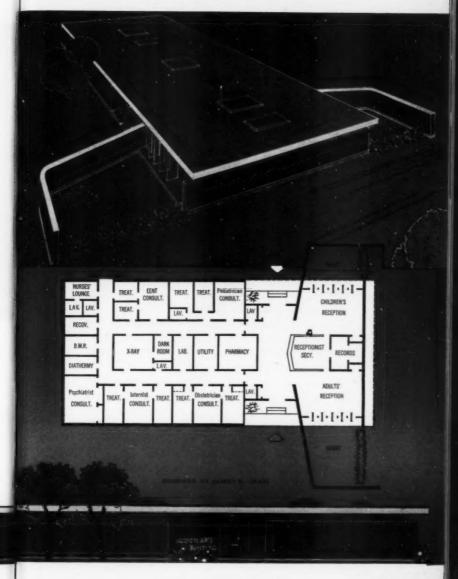
The reception rooms open onto their courts via banks of centerhinged glass doors extending from floor to ceiling. The receptionist is stationed between the two rooms and has good supervision of both, as well as of the lobby. As in the other two plans, the physicians' office space is both compact and efficient. In the center strip of common facilities, the pharmacy and laboratory are lighted by skylights. Placed nearly equidistant from the doctors' suites, these rooms and the X-ray room can be entered from both sides; thus the staff and patients are spared the necessity of walking down long corridors to get to them.

This compact office layout assures a minimum heat loss. So the plan is particularly suited to a northern climate.

Moreover, if other doctors later join the original five, the design is flexible enough to permit expansion. Without harming the exterior design of the building, more space can be made by adding on to the office end and extending the corridors.

END





## **Ed McCormick: Blithe Dynamo**

The new A.M.A. President has a passion for civic activities, people, neckties—and, mostly, work

#### By Jack Pickering

 "He's got the energy of an atomic pile, that guy," a Toledo newspaperman once remarked about Edward James McCormick.

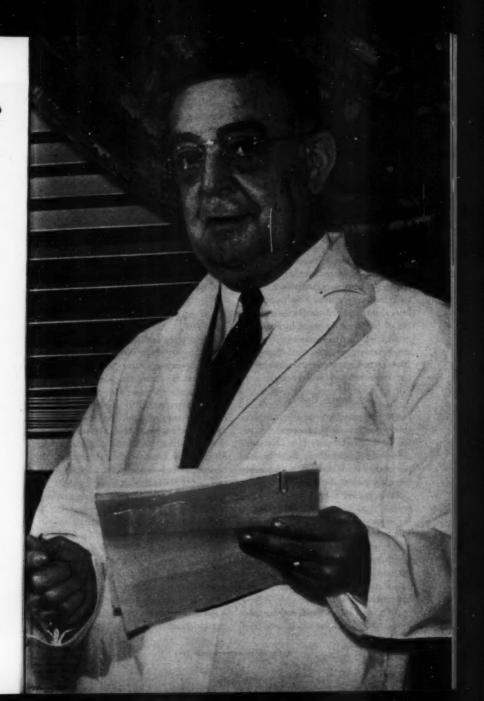
The reporter little realized how much Dr. McCormick would need that energy in 1953-54, as the new President of the American Medical Association.

Even atomic piles, of course, must function with method and order; and Ed McCormick is no exception. In fact, it's his combination of steam and system that accounts for much of his success.

Yet the thing that impresses people most about this 61-year-old surgeon is his effervescent personality. You just can't help liking him. An unabashed extrovert, of County Cork ancestry, he has a knack of mingling with people and talking their language.

It's not surprising, then, that he has become what many doctors consider medicine's top "joiner." He earned this reputation through his strenuous activities in civic as well as professional circles.

Colleagues say he has been "just about everything, one time or another," in the Ohio State Medical Association; and it will save half a page here not to list the boards, commissions, and liaison committees he has headed on the national medical scene. He's also found time to travel abroad—to the Orient in 1948, on an American mission charged with the task of reorganizing Japan's medical education program; and to Geneva in



1950, with the U.S. delegation to a meeting of the World Health Organization.

Ohioans, of course, know the A.M.A.'s new President primarily because of the many nonprofessional interests that have occupied him down through the years. A devout Catholic (who hasn't missed Sunday Mass since before his marriage), he once headed a drive for a new cathedral in Toledo. And he's a fourth-degree Knight of Columbus.

Among his other activities: He's been an executive committeeman and chairman of the Boy Scout court of honor, a trustee of the Toledo chapter of the Red Cross, a Lions Club president, an American Legion post commander, president of the City Managers League, and a director of the University of Toledo.

#### 'No More Politics'

He even had a brief fling at politics when, some years ago, he ran for the Lucas County Plan Commission—and got elected. But the experience eventually lost him his taste for political plums.

"We polled a high vote," he recalls. "And we worked like blazes on a plan to organize the government on an economical basis, combining offices and that sort of thing.

"But we must have tried to abolish too many offices. For when we came up for re-election, both parties voted us out!"

As a man who's constantly on the move, Ed McCormick has to run

his life with timetable exactness. He never misses a train. And if he's invited to a cocktail party "from 5 to 7," he'll get there when the clock is striking 5—a socially distressing thing for some people who dread the idea of being unfashionably early.

One A.M.A. leader issues this warning about McCormick: "He'll keep you going all day and nearly all night—and then he'll get you out of bed at 6:30 the next morning." Month in and month out he gets along on a maximum of six hours of sleep a night.

#### His Typical Day

From the time he wakes up until he finally turns in late at night, he makes every minute count. Thus, breakfast is more than just a meal; it's a study period. He reads his morning paper with such intense concentration, in fact, that his wife prefers to breakfast in another room.

But that's a matter of habit in the McCormick household—not a point of friction. Josephine McCormick realizes that her husband must catch up on the news at breakfast, or not at all.

Breakfast over, he generally leaves the house before 7:30. And when he returns at night, he's more likely than not to bring along a briefcase bulging with enough paper work and required reading to keep him busy until past midnight.

Often he spends the evening writing speeches. He used to write them

in longhand; but last year he succumbed to the marvels of science and bought a dictating machine. Although it has proved a time-saver, he's not entirely happy with it. "You only have to play the speeches back to see how bad they are," he says wistfully.

This, it should be added, is only one man's opinion. Most people who have heard him call him a "natural" speaker.

#### No Time for Play

Obviously, there's little room for relaxation in the McCormick agenda. He hasn't had a vacation since World War I—a sore point with Mrs. McCormick and their six children. Lately, he's even had to give up two hobbies: reading whodunits and playing golf.

He admits to another reason for abandoning golf. "It was too much work trying to break a hundred," he explains. "I think I did worse at golf than at anything I ever tried."

When he does get a moment to relax, he generally spends it at his Ottawa Hills home, watching TV or playing bridge. There's also the diverting task of keeping posted on the varied activities of his six grown children.

His oldest son, Edward, Jr., an attorney, was selected as Toledo's outstanding young man in 1952. Another son, Richard, is a Jesuit priest. And one of his three daughters, Kathleen, is secretary of Toledo's Blue Cross.

McCormick admits to one vanity: a passion for neckwear. His present wardrobe includes in the neighborhood of a hundred Countess Mara ties.

He also surrenders regularly to a common failing among physicians the inability to practice what one preaches. He's often been known, for example, to tell patients to give up smoking while puffing on a cigarette himself.

One of the secrets of his success is his knack of hiring talented personnel. Moreover, people who work for Dr. McCormick want to stay with him. Not that he's "easy": He demands and gets high standards of performance. But he tells his assistants what he wants done, then gives them complete authority and lets them alone until they do the job.

Although he intends to keep up his surgical practice during his term as A.M.A. head, McCormick knows that his new job will be a taxing one—even for him. Already he's had an inkling of what's in store for him.

"Seems as though my phone's always ringing these days," he remarks. "And I'm told it'll get worse, too, after I take office.

"Just the other night, for example, I got a call from a woman who'd read something disquieting about a new drug, 'My doctor prescribed it for me,' she said, 'and as long as you've been elected President of the A.M.A., I thought I'd ask what you think about it.'

"Then," he continues, "there are

#### ED MCCORMICK: BLITHE DYNAMO

the people who need a physician in a hurry but don't have one. I remind them that organized medicine has a service for just such cases—but I generally wind up trying to locate a doctor for them myself."

#### His A.M.A. Program

Such interruptions may seem to have little to do, actually, with his new job; but he believes they serve a useful purpose: They're a constant reminder that the public needs enlightenment on a vast number of medical matters. And he's convinced that medicine's No. 1 job, in the year ahead, is to provide such enlightenment.

True, the Eisenhower Administration has removed any immediate threat of Government-run medicine. But, says Dr. McCormick, that's no reason why the profession should sit back in complacent enjoyment of the status quo. As he puts it:

"In the long run, the only way to kill the demand for socialized medicine is to eliminate any dissatisfaction with our present system."

Specifically, he feels it's high time for medicine to launch an allout drive to show the public *how* doctors are attacking problems such as medical costs, the supply of physicians, and fee splitting.

"The public has a legitimate interest in these things," he points out.
"But all too often, in the past, we've let reticence keep us from telling the public the real story of medical progress. In short, we've been overly modest about discussing our good deeds."

Just what the A.M.A. will do to win—and maintain—public support in the coming year remains to be seen. But one thing, at least, is clear: In Ed McCormick, the Association has a President who thrives on challenge.

#### Her Last Stand

• The woman had collapsed and died while watching a parade. Now her husband had come to the mortuary where I work (as official stenographer) to identify the body.

"The cause of your wife's death," the medical examiner explained, "was a heart ailment. She had a lesion of long standing."

The poor fellow shook his head sadly. "I guess she must have stood quite a long while," he said. "She always loved parades."

—HARRY L. KUPERMAN



### Your Economic Weather Vane

A report on the Seventh MEDICAL ECONOMICS Survey

The facts in the following pages stem from the replies of about 5,000 practicing physicians to a questionnaire sent them by this magazine in April, 1952. These doctors constitute a representative cross-section of the profession; the information they supplied covers many phases of the economics of private medical practice in the U.S. In previous installments of survey data, we discussed such topics as the "average" physician, incomes, and expenses. In the final installment this month, we cover group practice, salaried practice, and the woman doctor. For a detailed account of how the Seventh MEDICAL ECONOMICS Survey was conducted, see page 125.

#### Your Economic Weather Vane

(Cont.)

## The Salaried Physician

From 1947 through 1951, the average net income of both salaried and independent physicians increased by one-third.

1951 Nov II		
All physicians	510,314	
General practitioners	\$ 9,063	\$14,098
Full specialists	\$11,374	\$17,112
All physicians, per hour	\$3.96	\$5.25

Figures in this article are averages, and are for 1952, unless otherwise noted, "Salarled" physicians are considered here to be those deriving more than half their net income from salarled practice; other doctors are classified as "independent." About 15 per cent of the survey respondents are salarled physicians.

## **Working Hours and Patient Loads**

	Salurled	Indopandent
Hours worked weekly	52	58

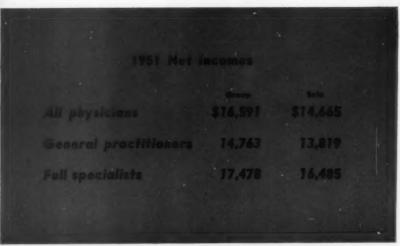


#### Personal Holdings

	ladupendeat
	\$43,763
18,797	32,773
7,690	14,383

Your Economic Weather Vane (Cont.)

## **Group Practice**



Figures in this article are averages, and are for 1952, unless otherwise noted. The term "group," as used here, means either group or partnership. The group category includes both independent and salaried doctors; the solo category includes only independent doctors (those in private practice who derive more than half their net income from fees). Nineteen per cent of the Seventh Survey respondents are in groups or partnerships.



#### Habit I. Cale Tale 12

¶ Both group and solo doctors work, on the average, ten hours a day. But the group physician sees an average of thirtytwo patients daily; the solo man, twentyseven.

¶ Of every ten group physicians, five are full specialists, two are partial specialists, and three are G.P.s. Among solo doctors, on the other hand, only three out of ten are full specialists, two are partial specialists, and five are G.P.s.

#### Your Economic Weather Vane

(Cont.)

#### The Woman Doctor

1951 Incomes an		
Gross lecome		
Net lecome		
Professional expenses	\$7,237	\$9,687
	45%	39%
Hourly net income	\$3.56	\$5.11

Figures in this article are averages for independent physicians (those in private practice who derive more than half their net income from fees), and are for 1952, unless otherwise noted. Only 1.5 per cent of the survey respondents are women.  $_{\it g}$ 

#### Working Hours and Patient Loads

Hours worked wookly		



#### 1951 Net Incomes of Specialists and G.P.s

		The state of
Full specialists	89,494	\$17,222
General precitioners	7,720	14,132

#### Your Economic Weather Vane

(Woman Doctor-Cont.)

¶ In the four years from 1947 through 1951, the net income of women physicians rose 13 per cent. During the same period, the net of men doctors went up 28 per cent.

¶ Both men and women doctors collect, on the average, 86 per cent of their accounts.

¶ Sixty-nine per cent of the women doctors employ one or more full-time office aides. Seventy-seven per cent of the men physicians employ one or more.



B

to

19

### About the

# Seventh MEDICAL ECONOMICS Survey:

• It was in 1929—a few months before the stock market crashed—that MEDICAL ECONOMICS published the results of its first survey of the economic status of U.S. physicians. More recent surveys, made every few years since then, have examined the doctor's practice through the lean days of the depression, the exhausting days of World War II, and the unsettled days of the post-war period.

The Seventh MEDICAL ECONOMICS Survey is the most comprehensive yet attempted. Like earlier ones, it was planned and prepared for publication by the editorial staff of this magazine, with the technical aid of consultants in research and statistics. The detailed statistical work was done by Columbia University's Bureau of Applied Social Research.

Who participated in the study? Copies of the questionnaire were sent by direct mail to a cross-section totaling about one-third of the country's active, private physicians. It was also published in the April, 1952 issue of the magazine—which

circulates, of course, to almost all private practitioners. Excluded from the survey group were doctors over 65, internes, residents, and medical men in full-time government service.

About 8,000 questionnaires were returned by the time statistical work was begun. Since this was a considerably larger sample than necessary for stable results, a free hand was used in discarding incomplete or inaccurate returns.

Other questionnaires were eliminated in order to make sure that the sample constituted a valid cross-section of doctors the country over. Actually, the unadjusted sample closely approximated the known distribution of physicians by three key variables: community size, geographic area, and years in practice. But it included a somewhat too great proportion of full specialists in relation to partial specialists and general practitioners. So, by means of a system of random discarding that preserved the close correlation with the other three varia- [MORE ON 225]

# What to Look for In Disability Insurance

Do you know what sort of coverage your accident and health policies really offer? Here's some advice from a now-disabled doctor who read the fine print—just in the nick of time

### By Dewey E. Morehead, M.D.

• Like most physicians, I never worried much about what would happen if I fell ill and had to give up my practice. I had some accident and health policies, and I assumed they covered me. But I didn't really understand them. Apart from the accident provisions, with which I was pretty familiar, all I knew was that they were supposed to pay me \$400 a month in the event of prolonged sickness.

Supposed to, I say. But as it turned out, they would have paid me almost nothing. If I hadn't discovered their flaws, through a colleague's misfortune, my life today would be a tragedy.

You may not have given much thought to this matter. So let me tell you why I believe you should start thinking about it—now.

One day several years ago, I heard that a surgeon friend of mine, George T—, had been blinded by chronic glaucoma. I heard, too, that he was in a bad way financially; and that startled me. For George had once proudly told me that he was "loaded down" with insurance of all types—including accident and health.



I soon learned what had happened: He did have plenty of accident and health, all right. But, like me, he had never bothered to read his policies. And just as his eyes failed him, so also did his insurance. For it turned out to be of the type requiring house-confinement.

What exactly does this term mean? It means that a man who's physically able to get around outside on his own two feet isn't considered sick enough to receive benefits under such a policy. Whether or not he can continue to work is beside the point. If the policy-holder doesn't have to stay put for the most part at home, then house-confinement accident and health insurance won't pay off.

Naturally, I was distressed at my colleague's hard luck. But if one man can be said to profit by another's ill fortune, I did so. I got out my accident and health policies and really studied them.

You've guessed what I discovered: Mine were houseconfining, too. So I called in an insurance consultant and we went over them together.

He pointed out another possible flaw in such policies:

They may be cancelable. "That means," he said, "that your policy can be terminated by the company any time it pleases. And don't be fooled by so-called 'term non-cancelable' policies. In effect, they're cancelable, too. True, if you pay a year's premium, the company can't cancel the insurance contract during that year. But when the time comes for you to pay another premium, they can refuse it. They can simply say they don't want to insure you any more."

"But why shouldn't they want to?" I asked.

"A cancelable policy," he replied, "gives the company a chance to escape insuring you when you most need it. The older you get, the more likely you are to fall ill, so the less the company wants you as a policyholder.

"Even a temporary illness can serve as a warning of possible permanent disablement. And if that's what the company suspects, it will pull out just as soon as it can after paying your short-term claim. Suppose you suffer a coronary occlusion, for instance. You recover. But because you've got a cancelable policy, the company withdraws on the chance that you may have a second coronary—the one that will permanently stop you from practicing medicine, even though you survive."

I grimaced, and he laughed. "I know this all sounds pretty bad," he said. "But no one knows better than you doctors that such things happen. And you ought to be prepared for every contingency."

di

aı

de

de

by

ag

at

th

for

a

car

ace

Bu

lon

one

off

(ac

life

bef

\$25

can

life

anc

disa

mo

say

to p

of \$

1

Being prepared, it turned out, meant drastic changes in my insurance program. First, I had to get rid of all my existing health and accident policies. I did this as soon as the premiums came due. Then I replaced them with new policies that were neither house-confining nor cancelable.

The new policies cost me quite a bit more than the old ones. But events soon proved that not only had I done the right thing; I had done it in the nick of time.

Shortly after my fiftieth birthday, I began to experience recurrent vertigo and loss of hearing. Four physicians confirmed my fears. The diagnosis: chronic labyrinthitis on the right side and chronic cochleitis on the left side, with vasomotor disturbances. The verdict: Stop practicing medicine!

I did.

I wasn't, of course, confined to the house; but I could no longer carry on my work.

Six months later, my first disability benefits—\$750 a month—began to come in. These amounted to almost \$750 a month more than my old policies would have paid.

You can't blame me, in view of my experience, for wanting to pass along this warning to physicians: If you don't have protection against prolonged illness, get it. If you already have it, check your policies for loopholes before it's too late. I don't pretend to be an insurance expert, but I've discussed the disability problem with men who are. Here's what they say:

ed

it.

r-

id

i-

as

e-

at

or

a

ut

ad

it

V,

nt

ur

he

on

tis

is-

IC-

to

er

il-

an

to

ny

of

ass

If

nst

al-

ies

The best kind of policy naturally doesn't contain the loopholes I've described. Instead, it's distinguished by these three invaluable features:

1. It's renewable, preferably to age 60 or 65; and

2. It provides long-term coverage.

3. It's non-cancelable.

#### Income for Life

Some policies are renewable, if at all, only to age 55. This means that your disability must begin before you're 55, or you won't collect a cent.

As for long-term coverage, you can, of course, buy non-cancelable accident policies that pay for life. But ten years is generally about the longest coverage available for any one sickness.

There's one company that does offer non-house-confining disability (accident and health) coverage for life, provided the disability occurs before age 60. But it's limited to a \$250-a-month maximum, and you can buy it only in conjunction with life insurance. The story on it is this:

With each \$1,000 of life insurance, you get up to \$10 a month of disability income (after a fourmonth waiting period). So it takes, say, \$25,000 worth of life insurance to provide the top disability income of \$250 a month.

This disability coverage, bought at age 40 and offering benefits of \$250 a month, costs \$217.50 a year. Add \$822.50 a year for the \$25,000 of life insurance plus \$22 for premium waiver, and you get a total yearly cost of \$1,062.

This constitutes one of the best buys on the disability market if you need, and can afford, this much additional life insurance. The premium for the disability feature alone isn't actually much higher than what you'd pay for less liberal contracts. And the policy is renewable to age 60.

But suppose you want more than \$250-a-month coverage? If you do, you can supplement this policy with other combined [MORE ON 216]

<sup>\*</sup>Your premiums are waived if you become disabled. All combined life insurance and disability contracts have this provision. It's a good idea to have it in any life insurance policy.



"My first suggestion is a self-winding wrist watch."



# Ike Puts Medicine In the Cabinet

'Shades of Ewing,' said some doctors, when a U.S. Department of Health, Education, and Welfare was proposed. But the prevailing view is that physicians have no cause for alarm

### By Mauri Edwards

 With legislation, as with courtship, haste is often unseemly. But President Eisenhower's plan to elevate the Federal Security Agency to full Cabinet status went through like a breeze. Here's the remarkable timetable:

Ike sent Congress his Reorganization Plan Number One on a Thursday in mid-March. Two days later, the A.M.A., which had long opposed any such move, changed



ADMINISTRATION AND A.M.A. leaders meet in Washington to discuss creation of the new Cabinet post. Here, with Mrs. Oveta Culp Hobby and President Eisenhower, are (left to right) Doctors E. Vincent Askey, Edward J. McCormick, Dwight H. Murray, Elmer L. Henderson, and Louis H. Bauer.

its mind. The next Monday, Congress began hearings on the proposal. On Wednesday, the House of Representatives gave its blessing. And the Senate voted its approval by the end of March.

To the doctor who remembers the A.M.A.'s earlier tooth-and-nail struggle against F.S.A. as a mere agency, let alone a full Cabinet department, the affair may look like a shotgun wedding. He may feel, too, that Eisenhower and Congress have simply made a Truman dream come true.

But medical men who supported the reorganization scheme deny this. Far from socializing medical practice, they say, the Eisenhower Administration and its new department will take pains to limit the Government's role in medicine.



PRESIDENT EISENHOWER leaves the A.M.A. session after finishing a brief talk to the Delegates. Mrs. Hobby was just an interested bystander; but in a month she took office as a Cabinet member.

There are four key reasons for believing that this is so, according to backers of the plan:

1. Reorganization of F.S.A. into a department gives the Secretary a chance to unload Ewing-era policymakers who-through Civil Serviceretained their jobs, along with their fondness for Government health insurance. tl

d

el

la en w tie

to su as

he

pa

D

Ik

ine ac of

lay

wa

tha

A special assistant to the Secretary will, in effect, serve as the voice of organized medicine in the council halls of Washington.

- Public and private statements of Administration leaders indicate that the new department will make no headlong dashes into fields where Government might play a debatable role.
- 4. Even though a new department has been created, conservative elements, led by Senator Taft, plan a thorough investigation of the relationship between the Federal Government and the states. Their aim will be to curtail any Federal activities that now overlap functions of local governments.

### New A.M.A. Position

Granting that all this may be true—for four years, anyway—many doctors remain puzzled at the A.M.A.'s sudden change of course. Why, they ask, did the association veer toward a catch-all department, covering welfare and education along with health, when it had so long insisted on a separate Department of Health?

Actually, until early this year, the A.M.A.'s hope for a separate department had burned brighter than ever. At their Denver meeting last December, the Delegates had given Ike an extra vote of confidence by indicating that they'd be willing to accept a lay head of a Department of Health. After all, they felt, the layman wouldn't be Oscar Ewing.

d

r.

r

### The Administration Stand

But the separate health agency wasn't in the cards. It's now clear that Mrs. Oveta Culp Hobby was brought into the Administration with the understanding that she'd soon have full Cabinet rank—without giving up any functions of the old F.S.A. She and the President, it develops, agreed that it would be impractical to split F.S.A. into its component parts and to raise each of them to Cabinet level.

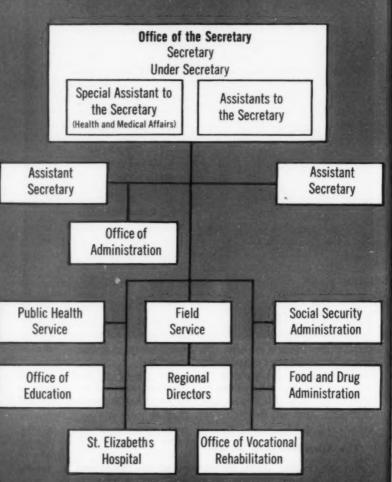
When medical men learned of this early in February, they immediately expressed opposition to any reorganization plan that might provide a sounding board for the advocates of compulsory health insurance. Medicine, the A.M.A. insisted, would have to stand alone, independent of welfare and education.

### **Ike's Compromise**

Eisenhower's answer: Under the new set-up, a special assistant—"a recognized leader in the medical field, with wide non-governmental experience"—would be named. He would have the ear of the Secretary; and he would be independent of the Secretary's top deputies—the Undersecretary of Health, Education, and Welfare, and the two assistant secretaries.

The special assistant, said the President, would be in a position to review all health planning. He could push an issue or slow it down; he could advise the Secretary on education and welfare matters relating to health. Moreover, he would represent the department in dealing with such agencies as the armed forces and the Veterans Administra-

### U.S. Department of Health, Education, and Welfare



CE

ca

in

id

no

th th it.

or

of da



LEGISLATORS' VIEWPOINT was given to A.M.A. Delegates by Senator Taft and Congressman Judd, an M.D. Both said that reorganization would lead to efficiency, not socialism.

tion, where medical issues were concerned.

Thus, health would not be subject to domination by welfare and education; if anything, it would have a good chance to influence decisions in those fields.

### A.M.A. House Meets

With all this in mind, the A.M.A. leaders apparently decided that President Eisenhower's program was, if not perfect, at least acceptable. But they faced a tough task—convincing the House of Delegates to support it.

So the association went to extraordinary trouble and expense: It called a special session of the House of Delegates for March 14-just two days after Eisenhower had formally proposed his reorganization plan. The meeting was held at the Hotel Statler in Washington; it was the first such special session since 1938 and only the fourth in A.M.A. history. Almost 180 Delegates—some from as far off as Hawaii—turned up.

The session had but one purpose: to decide whether to accept the Eisenhower plan or to reaffirm the previous A.M.A. stand. It was a simple issue, but one that could be resolved, observers had predicted, only after a knockdown, drag-out battle between two factions:

### Conflicting Viewpoints

 Those who felt that any step elevating F.S.A. would lead inevitably to socialized medicine.

As one doctor phrased it: "The

Eisenhower proposal amounts to little more than the Truman recommendations of 1949 and 1950. True, Oscar Ewing is no longer around. But who can guarantee that he, or someone like him, won't return?"

2. Those who believed that the precise position of health in the Government is less important than the maintenance of good relations with the Administration and Congress.

One physician who takes this pragmatic view explained: "Under a friendly administration, doctors are in no danger of compulsion. Without friends in high places, compulsion can come whether medicine holds Cabinet status or not."

### The Stage Is Set

The battle between these two forces might have lasted "anywhere from three hours to three days," as Dr. James R. Reuling, speaker of the House of Delegates, jokingly put it, on the morning when the special session began. Actually, though, A.M.A. leaders hoped to silence the opposition in a hurry.

Toward that end, they offered the assembled doctors a brace of impressive speakers: President Eisenhower and Senator Taft.

In a three-minute speech of greeting, Ike's voice rang with sincerity as he said, "I don't like the word 'compulsory.' I am against the word 'socialized.' . . . The medical profession will provide the kind of services our country needs better, with

the cooperation and the friendship of the Administration, rather than its direction or any attempt on its part to be the big 'Pooh-Bah' in this particular field."

After an assurance of this sort, it was hard to distrust the objectives behind his reorganization.

Senator Taft spoke at greater length; and he made a more direct



appeal for the plan itself. To dispel any lingering fear among the doctors that they were being lured into socialism, he hammered home the following points:

1. Though a Ewing or a Hobby might come or go, the new department would "build up a philosophy to protect the medical profession . . . against intrusion of socialized medicine or anything else compulsory."

2. A three-part department would actually be less dangerous than an

they are Speaker James R. Reuling, past Presidents Elmer L. Henderson and John W. Cline, and Vice President Leo F. Schiff. After this huddle, the House of Delegates unanimously approved reorganization of F.S.A.



individual Department of Health. The reason: An individual department might become an "all-powerful" Government health agency that could control medicine just as the Department of Agriculture controls farm affairs.

3. Doctors could rest assured that a commission would be named to investigate Federal encroachment on private, local, and state preserves. Such an inquiry, the Senator indicated, might result in a virtual freeze of health-welfare legislation for at least a while.

### Others Advocate It

Following Taft to the rostrum, Dr. Walter Judd, a Republican Representative from Minnesota, stressed that only a top-to-bottom reorganization would give Mrs. Hobby a chance to unload left-over Democrats, many in policy posts. Of 37,500 employes in the F.S.A., he pointed out, all but two or three were now civil servants.

Finally, A.M.A. presidents—past and present—summed up the situation for the Delegates.

Said E. L. Henderson: "Half a loaf is better than none."

Said Louis H. Bauer: "There's a risk involved; but, gentlemen, this is going to be adopted regardless of what we do."

### Offers a Proposal

So Bauer-in company with the Board of Trustees-proposed that the reorganization plan be labeled a "step in the right direction." He recommended, though, that the doctors qualify this endorsement by reserving "the right to make recommendations for amendment . . . or to press for the establishment of an independent Department of Health, if the present plan does not . . . result in proper advancement in and protection of health and medical science and in their freedom from political control."

With their proposal now before the House, its advocates moved for a lunch-time recess. And this proved a master stroke. For, during ninety minutes of lunch and caucusing, the A.M.A. leaders kept pressing their chief argument. Again and again, they pointed out that the resolution would not commit medicine to a total acceptance of Eisenhower's plan; the A.M.A. was retaining its right to reconsider, if the reorganization failed.

th

m

H

### An Easy Victory

When the Delegates reconvened at 1:30 P.M., the opposition suffered a final blow. As Dr. Reuling called the meeting to order, he reminded those present that "three o'clock is check-out time" at the hotel. Obviously, there was no time for long debate.

The rest was anticlimax. Dr. Bauer's proposal sailed through unanimously—and with a full hour to spare before 3 P.M.

Only one doctor Delegate rose to sound a word of warning. "We've bought a pig in a poke," he said. And he wondered aloud at the wisdom of backing a plan that was essentially the same as those the A.M.A. had successfully resisted in 1949 and 1950.

His remark was echoed, early the following week, when the reorganization plan whisked through the House of Representatives. Said one gleeful Democrat, in an ironic gibe at his Republican colleagues:

"If it was a rotten egg in 1950, three more years of aging won't make it fresh."

### Prognosis Fair

Fresh or not, the plan gives Mrs. Hobby her chance to shake up the Government's operations in health, education, and welfare, and—in her words—to eliminate "waste and inefficiency without hurting the services vital to legitimate beneficiaries." But may it adversely affect the free practice of medicine—in spite of all the good intentions?

The considered opinion of many an A.M.A. Delegate, and of many a rank-and-file doctor: There will be a period of belt-tightening. There will be few, if any, efforts on the part of the new department to step even tentatively into new fields. And there will be every effort to keep the Government on good terms with America's practicing physicians.



MEDICAL ECONOMICS

"Is she allowed visitors yet?"

### Partnership Practice: What to Put in Writing

Topics Treated in Typical Partnership Agreements

INTRODUCTORY

Name of partnership
Date partnership starts
Place of practice

ESSENTIAL CLAUSES

Ownership of assets
Accounts receivable
Division of income
Definition of expenses
Dissolution provisions

OPTIONAL CLAUSES

Disability provisions
Military provisions
Administrative provisions

A lawyer draws up the partnership agreement; but the doctors must supply many of the ideas that go into it. Here's expert advice on disability arrangements, military provisions, and such

### By Henry C. Black and Allison E. Skaggs

• There are still a few physicians who practice together without any written agreement. We came across one such combination just the other day.

"I get along nicely with my associates," the senior man told us. "We talk out our problems as they arise, and we've never encountered a problem that we couldn't settle amicably. So why should we take the trouble to have a complicated legal document drawn?"

He got his answer when we'd completed a survey of his office affairs. Among other things, it showed that:

¶ His youngest associate misunderstood their financial arrangement. He was paid a salary plus a percentage of profit; and he believed that sharing income meant the same as sharing ownership. It didn't—but his belief might easily have caused legal snarls later. A written agreement can prevent such misunderstandings.

¶ His other associate was closer than any of them realized to military recall; yet no provision had been made for a fair financial settlement. If the doctors had waited until this problem actually arose, the pressures of the moment might have led to an unsound decision. A written agreement can prevent such emergencies. [MORE→

<sup>\*</sup>This article is the fourth of a series. Earlier installments have dealt with the pros and cons of partnership, how to get started in combined practice, and the division of income between partners. The authors have gained their experience in such matters through twenty years of operating Professional Management of Battle Creek, Mich.

¶ The senior associate—the one who called us in—had made only the sketchiest dissolution arrangements. If he had died, his widow would have lost many thousands of dollars through delayed collection of his accounts and through delayed transfer of his practice. A written agreement can prevent such dissolution losses.

Good reasons for putting it in writing? The senior associate in question thought so: He engaged an attorney the very next day. And other doctors who practice together can scarcely afford to do less.

### Keep It Simple

The document doesn't have to be complicated. Eight short paragraphs have been known to do the trick. As long as they cover the really important points, the doctors will have something that's worth its weight in whereases.

What are the really important points? The accompanying table shows the main ones that partners-to-be should consider.

There are others, of course; and an experienced attorney will suggest them. There are also alternate ways of handling such problems—many of them discussed elsewhere in detail.\*

Obviously, a partnership agreement has to be custom-drawn. Nobody can devise one for you by remote control. The following clauseby-clause rundown, however, may help you decide what you want:

### How to Begin

The introductory clauses are the simplest of all. Just ask yourself: Who? What? When? Where? Why? Then express the answers in the briefest legal language, and you're off to a flying start:

Who? "This agreement made . . . by and between David R. Bledsoe, M.D., first party, and Leonard Novinger, M.D., second party . . ."

What? "Said parties agree to become members of a partnership under the laws of the State of Michigan . . . doing business under the firm name of Drs. Bledsoe and Novinger . . ."

When? "The partnership shall commence as of June 1, 1953... and shall continue until the death of either, or until sixty days after written notice by one of the partners that he intends to withdraw..."

Where? "The partnership . . . shall maintain its offices at 34 Broadway, Middletown, Michigan, until such time as the partners shall otherwise determine . . ."

Why? "The parties hereto, having mutual confidence in each other, are desirous of entering into a partnership arrangement for the purpose of jointly engaging in the practice of medicine and surgery..."

Nothing complicated there. The only clause you have to think twice about relates to the partnership's name. Some doctors prefer that "the

<sup>&</sup>quot;See "Partnership Practice: How to Get Started," December, 1952, MEDICAL ECONOMICS. See also "Partnership Practice: The Division of Income," January, 1953, MEDICAL ECONOMICS.

firm name . . . be designated by the individual names of the partners." Other doctors simply combine their last names—e.g., "Hawkins, Smith, and Mitchell." Still others capitalize on the senior's reputation, thus: "Herbert Hawkins, M.D., and Associates."

### Sharing of Assets

The next questions to ask yourself include: Who owns what? Who gets what? Who pays what? We'll cite some typical answers to each of these in turn:

Who owns what? Each doctor usually contributes the equipment, instruments, and furnishings he already owns. Then the partners equalize their investment by means of a cash transaction. Here's how this procedure is described in several agreements we've seen:

"Each partner agrees to contribute . . . the assets listed in Schedule A, attached . . . Such assets are contributed at their present book value, as shown in Schedule A, such value being determined on the basis of cost less depreciation as allowed by the Bureau of Internal Revenue . . .

"To the extent that the book value of the assets contributed by one partner exceeds the book value of the assets contributed by the other partner, the latter shall pay to the former one-half of the difference within a reasonable time . . . Each partner shall then own an undivided one-half interest in all the physical assets of the partnership."

Who gets what? An immediate problem here is the allocation of accounts receivable. These represent the partners' past earnings as individuals; but they're often collected as partnership income. How can each doctor be assured of his appropriate share?

Usually, by estimating such receipts in advance; then by allowing the partner with the excess receivables to draw out the excess in installments. Here's a simple illustration—simple because only one of the doctors had outstanding bills:

"The accounts receivable owned by Dr. Bledsoe are agreed to be of the value of \$13,500. These accounts shall become the property of the partnership, and Dr. Bledsoe shall be reimbursed therefrom as follows:

"During the first eighteen months of the partnership, Dr. Bledsoe shall be entitled to draw a total of \$13,-500 in excess of his scheduled percentage of income. He shall draw the said sum in amounts up to \$1,000 per month... All collections of said accounts in excess of \$13,500 shall be the property of the partnership."

### The Income Agreement

Another problem is the year-byyear division of income. Here's how a percentage schedule is typically described:

"Net income of the partnership shall be divided from June 1, 1953, through June 30, 1954, on the basis

#### PARTNERSHIP PRACTICE

of 70 per cent to Dr. Bledsoe and 30 per cent to Dr. Novinger. From July 1, 1954, through June 30, 1955, the division shall be 65 per cent to Dr. Bledsoe and 35 per cent to Dr. Novinger. From July 1, 1955, through June 30, 1956, the division shall be 60 per cent to Dr. Bledsoe and 40 per cent to Dr. Novinger. Thereafter the division of income shall be as mutually agreed."

A related problem—the size of monthly drawing accounts—is often left to verbal agreement. Nevertheless, you may want to consider some such clause as this:

"The partners shall have monthly drawing accounts, payable on the

last day of each month, in the following amounts: Dr. Bledsoe, \$1,800; Dr. Novinger, \$1,000. Such drawings shall be charged against their respective shares of net income for the year in which such drawings are made."

clu

dru

ins

equ

cep

COS

ing

for

ner

par the ed, into con pro abl wh rate our and the ity not goo vid par oth

ing

I

### How Costs Are Split

Who pays what? A clear statement of which expenses are to be charged to the partnership helps rule out indiscriminate chit-signing. Thus:

"In determining net income, there shall be deducted from the gross income of the partnership all normal professional expenses (in-



© MEDICAL ECONOMICS

"To put it in non-technical language, Hiehley, yours is a simple case of too much birds, bees, and flowers!"

cluding rent, repairs, furnishings, drugs, supplies, salaries, protective insurance, and depreciation on equipment) with the following exceptions:

¶ "Medical society dues;

¶ "Medical convention costs;

¶"Professional entertainment costs;

¶ "Automobile expenses exceeding \$40 per month per partner.

"The excepted items shall be paid for separately by each of the partners."

### In Case of Trouble

There you have the heart of a partnership agreement. But what if the heart stops? What if one of the partners dies, or becomes disaffected, or falls seriously ill, or is called into service?

That's when other clauses should come into play. Good dissolution provisions, for example, are probably the most important part of the whole agreement. As such, they rate—and will get—full discussion in our next installment. Just hold death and disaffection in abeyance until then!

Meanwhile, let's consider disability and military provisions. While not absolutely essential, they're good things to have. They can provide as much income security as the partners want to guarantee each other. As you'll see from the following examples, the main problem is deciding where to draw the line.

Disability provisions: A disabled

partner is sometimes guaranteed his full share of income for as long as one year. And he's sometimes guaranteed a reduced share for five more years.

Most men, however, prefer not to commit themselves that heavily. The following arrangements are more typical:

### Sick Leave With Pay

¶ "If either partner becomes disabled . . . he shall receive his then existing share of net income for three months. If his disability continues beyond that time, it shall constitute a dissolution of the partnership, unless otherwise agreed by the partners."

I "In the event that either partner becomes disabled . . . for more than one month . . . then the partnership shall, if possible, employ another physician to assist the remaining partner. His salary shall be paid from the disabled partner's share of net income . . . If the disabled partner is unable to resume practice at the end of one year, then the partnership shall be dissolved."

"... The disabled partner shall continue to receive his distributive share of net income for a period not exceeding six months. Thereafter, his distributive share shall be reduced to one-half of the percentage of profits he would otherwise receive ... provided, however, that the right to receive such reduced share shall not extend beyond eighten months ..."

Military provisions: The terms that partners establish for disability and for military recall are often exactly alike. If there's any difference, the military clause tends to be more liberal. Here are two cases in point:

¶ "In the event either partner becomes engaged in the military or naval forces . . . then such partner shall receive one-half of his scheduled income for the time thus engaged up to one year; one-quarter of his scheduled income after one year and up to two years; and 5 per cent of his scheduled income thereafter for the duration . . ."

¶ "... A partner called into military service shall continue to receive his full share of net income for one year. Thereafter, his share shall be reduced 20 per cent for each year he continues in military service..."

### Administrative Rx

There remain some other clauses which, while certainly not essential, have worked their way into many doctors' agreements. The problems they deal with are common, everyday ones. Hence the following:

Administrative provisions: Take, for example, the matter of time spent on the job. A typical agreement on this point reads thus:

"Each partner shall diligently employ himself in behalf of the partnership to the best of his professional ability. Each shall devote his full time thereto; provided, however, that each shall be entitled to vacations and time off for medical society activities and post-graduate courses, all of which shall not exceed two months' time in any one year, as may be agreeably arranged between the partners."

Then take the question of policy control. Although most partners put their faith in amiable compromise, some reinforce it with a clause like this:

"In all matters of policy, the final decision of the partner drawing more than 50 per cent of net income shall be determinative and binding."

### **About Bank Accounts**

Next, there's the handling of partnership accounts. Some partners find it advisable to spell out this procedure:

"All cash, checks, drafts, and other instruments representing payment to the partnership shall, as and when received, be deposited in a partnership bank account. Checks on such partnership bank account may be drawn by either of the partners."

And finally, a related matter: limitation of liability. Here's a typical agreement on this point:

"Each partner agrees that he shall refrain from binding the partnership on any obligations whatsoever without the consent of the other partner. Each partner further agrees not to become surety, nor to become obligated on any note, mortgage, bond, or other obligations of third parties."



## An Emergency Is an Emergency -Or Is It?

By Theodore Kamholtz, M.D.

 A medical emergency—like Cleopatra—is all things to all men. It may be anything from a patient's insomnia to a pimple on a debutante's nose.

Consider first the patient who can't go to sleep: He begins to hear unexplained squeaks in the house, unexplained steps in the street, unexplained rumbles under his umbilicus. What more logical than for him to suspect he's dying and—at 2 A.M.—to phone his doctor about it?

It's almost always insomnia, of course. There is no authenticated case of a sleeping person having called the doctor. What's more, such emergencies rarely occur during the day.

On occasion, an emergency is not unwelcome. Dur-

ing an enforced social evening with an unfavorite uncle-in-law, for example, the doctor is inclined to respond quite cheerfully to the summons from an over-anxious mother whose first-born has just regurgitated a little milk.

Unfortunately, such good timing is rare. The doctor is more likely to have just come home exhausted from a full day's work; to have taken a relaxing bath; to have slipped into his pajamas; and to have downed a couple of soothing highballs. This is the signal for the matron pillar of society—a past president of the local W.C.T.U.—to cheat on her diet, suffer an attack of gall bladder colic, and put through a rush call for the doctor.

### How to Get Action

No matter how loosely used, the very word "emergency" is enough to galvanize people into action. There are times, in fact, when the doctor himself might want to resort to it. Like this:

¶ Black bag in hand, he pushes his way through the crowd at the tie counter. As he moves forward, he murmurs at intervals: "Pardon, emergency; pardon, emergency." It's about the only way he can pick up a nice little lime and purple number cheap.

¶ Coming home late from a weekend in the country, he finds himself doing 45 m.p.h. in a 30 m.p.h. zone. But when a siren sounds, he's ready for it. Pointing at his wife, he hisses to the policeman: "Emergency! She's suffering from mysophobia!"

Almost every hospital has emergency rooms. There is where patients who've had arthritis for twenty years come for treatment at 3 A.M. There is where I once used to hurry whenever that calm, disembodied voice sounded through the hospital corridors: "Dr. Kamholtz wanted in Emergency. Dr. Kamholtz wanted in Emergency." I knew what was up: The fellows needed a fourth for bridge.

Medical emergencies stem, actually, from one simple fact: Bell<sup>45,23</sup>, Graham<sup>12,56</sup>, and Alexander<sup>77,98</sup> found in a clinical study of thirty-seven cases that while it takes 7,301 calories to get dressed and hike two blocks to the drugstore for aspirin, it takes only 1.04 calories to dial the doctor's phone number.

### As Specialists See It

Among specialists particularly, a medical emergency is a thing of infinite variety:

¶ To the psychiatrist, it's the patient's need for a sedative after a trying revelation.

¶ To the dermatologist, it's a rash on the chin of a girl on the night of her coming-out party.

¶ To the radiologist, it's the sprained ankle of the chairman of the hospital board.

¶ To the pathologist, it's examining the product of the biopsy performed on another physician's wife.

To the internist, [MORE ON 219]

### Good Taste and Common Sense In Building a Practice

r-

1-1-

d

d

r

Announcement cards • Druggist liaison • Rapport with tradesmen • Speech-making • Articles for laymen • Papers in journals • Courtesy calls • Medical meetings • Joining clubs • Civic activities • Insurance contacts • Special affiliations

By Charles Miller, M.D.

 "If you're competent and conscientious, your practice will grow. But never take the initiative in attracting patients. Such aggressive behavior is unethical."

That's what the orator said at my medical school commencement thirty-five years ago. And a few doctors still talk that way. But many medical men nowadays feel differently. They agree that the surest way to build a following is through the honest, intelligent practice of medicine. But they also believe that there are other good ways to help build a practice without violating the spirit of medical ethics.

I'd like to discuss here a round dozen of the more common practice-building devices—or, rather, I'd like to discuss some of the problems that often go with them. All twelve of these devices are well known to physicians, of course; but the mere fact that they are well known raises the possibility of their being used sometimes without enough discrimination or without an understanding of some of their pitfalls. That's why I want to inject some appropriate words of caution.

What I say isn't official opinion, of course. But at one time or another I've served on special committees and boards of censors of local or specialty medical societies; so I've given the question a lot of thought.

### Announcement Cards

Let's begin with announcements. There seems to be general agreement that they're both appropriate and ethical when the doctor (1) starts to practice, (2) moves his office, (3) returns from a prolonged absence or from military service, (4) enters or leaves a partnership or group practice, or (5) enters a specialty.

But where to draw the line in less clear-cut situations? Here are some typical ones that have come to my attention:

¶ Dr. Xanadu installed an electrocardiograph. He sent announcements to other physicians, reading: "Dr. Xavier Xanadu announces that he now has facilities for electrocardiography at his office, 1492 Columbus Street." This was a useful service to the profession. But he also sent these cards to a selected list of laymen—thereby indulging in an obvious form of advertising, since it invited self-diagnosis by patients. My committee severely criticized this action—and with justice.

¶ Dr. Alpha rented office space in a home-office owned and occupied by Dr. Beta, a prominent surgeon. When, shortly afterward, Dr. Beta died, his death was widely publicized. So, fearing that his own patients might assume this meant the closing of his office, Dr. Alpha sent them cards announcing his continuance in practice at the old address. As a result, he was blackballed by a specialty society in his state. Explained a society spokesman: "This is the depth of unethical solicitation—to send out cards announcing that your status quo is unchanged." (My sympathies were with Dr. Alpha, by the way; but I could still see the point.)

pa

ph

po

th

ce

pr

ľ'n

SCI

ba

sh

wi

ma

W

his

sic

sh

sp

sec

bo

ref

no

for

tic

lay

me

ha

Ac

¶ Dr. Smith, a pediatrician, always spends August at his summer home, a hundred miles north of the town where he practices. Every September, he sends out cards announcing that he "has resumed the practice of pediatrics." If the doctor were to spend a year on Army duty and then announce his return, no one would criticize him. Contrariwise, if he spent his week-ends fishing and sent out cards every Monday morning, he would be obviously unethical. As it is, his fall announcements are in poor taste. Dr. Smith's argument that such cards are ethical -since he always returns from a "long" absence-seems to me highly disputable.

### Druggist Liaison

Like most physicians, I have two or three favorite pharmacists. I buy supplies from them and ask them to stock the less usual medications that I prescribe. But I do *not* extend my favoritism to the point of urging any patient to take an Rx to a particular pharmacy.

These druggists have been an important source of referrals to me through the years. But while I accept such referrals as a pleasant byproduct of a friendly relationship. I'm careful not to make them a conscious goal.

### Rapport With Tradesmen

For many years my office was in a small shopping district in a suburban town. I made it a point to "identify" with the neighborhood and to shop there whenever possible.

As a result, the community goodwill paid off in many referrals. It may be hard to believe that anyone would ask his grocer, his tailor, or his shoemaker to recommend a physician. Yet some people do just that.

Here, again, it's a case of friendship producing happy by-productsspontaneously. But doctors who've seen it happen in their own neighborhoods will tell you that the physician who attempts to court such referrals, however subtly, is acting not only unethically but downright foolishly. Instead of gains in practice, he's almost sure to incur heavy losses in community respect.

### Speechmaking

Some doctors hesitate to address lay audiences because they think laymen aren't interested in what they have to say; others, because they think it would be unethical to do so. Actually, neither viewpoint is valid.

I know from experience that the public wants to hear talks by M.D.s. Civic groups, P.T.A.s, community clubs, and lay health organizations are always hungry for program fodder. And G.P.s are as much soughtafter as specialists. When I was a G.P., I used to give talks on rabies, rheumatism. Raynaud's Disease. and other medical topics. The chairman would introduce me by name and title. While this didn't always bring in patients, it often did.

Public speechmaking, moreover, is thoroughly ethical (though in some areas such talks must be cleared through the county society). The Principles of Medical Ethics make it clear that, in general, educational information is not advertising and that if, in a particular case, a doctor harbors any doubt, all he has to do is consult his local society.

I have never known a county society that formally disapproved a non-controversial health talk by a reputable physician-except when the doctor had planned something that approximated a neon-lighted, sound-truck announcement first. So. since the public's appetite for health education is well nigh insatiable, the average M.D. can give as many of these talks as he wants to. Certainly, five or six a year won't wear him out. And he may well find speechmaking an effective practice-builder.

### Articles for Laymen

Writing health columns or articles for the lay press is another means of combining desirable health education with ethical self-advancement.

In large cities, of course, newspapers generally use nationally syndicated health columns. But if your local paper has none, you might want to offer to write one; or you might find a similar opportunity in a house organ circulating among the employes of a local factory. In either case, you should have no trouble finding material to write about; almost anything from falling hair to athlete's foot can make an acceptable topic—always assuming, of course, that you avoid topics you don't fully understand.

As long as the criteria of good taste are observed, it's ethical to write for almost any section of the lay press. But here are some of the things the experienced doctor-writer is careful to guard against:

 Letting the editor refer to him as "noted" or "distinguished";

Permitting his photograph to appear with an article;

Mentioning his address, or referring to successful techniques or forms of treatment he has evolved.

### Papers in Journals

Mailing reprints is one of the oldest practice-building devices available to specialists; and at times it's still one of the most effective. But such activity has little referral value for general practitioners: They obviously have nothing much to gain by mailing reprints to other doctors, and it would be a clear breach of ethics to send them indiscriminately to laymen.

to

er

car

tor

mo

lot

COL

me

ph

ici

tie

car

ap

Suc

co

fan

spe

COL

nig

cal

em

do

ed

alo

zat

oft

CV

me

Suc

ins

bro

in

on

ual

If the physician-author wants to avoid wasting his ammunition, he'll do well to give a little thought to his mailing list. I know a few men who've sent reprints to all physicians within a fifty- or hundred-mile radius. While there's nothing unethical about such a wide distribution, it may well be pointless.

Even when only a small area is covered, it's seldom advisable to mail to every doctor in the area. Some specialists sensibly restrict their list to G.P.s and a selected few specialists. For example, an ENT man might send copies of an article on tonsillectomy to pediatricians and to G.P.s, but not to proctologists or psychiatrists.

### Courtesy Calls

As a beginning practitioner, I made a point of calling on the established physicians in town. On these visits, I indicated my availability for night and week-end calls, emergencies, and other types of coverage. Some doctors may consider such courtesy calls old-fashioned; but I'm still convinced they help a new man get off on the right foot.

I did make one mistake at first: In order to be sure that the practitioner would be in when I called, I used to turn up during his office hours. But I soon discovered that busy M.D.s don't appreciate casual visitors.

The best approach, as I see it, is to drop a courteous note to the older man first. Or the young physician can telephone and say: "Hello, Doctor. I'm Dr. Youngblood . . . just moved into town . . . have heard a lot about you and wondered if I could come in and meet you."

### **Medical Meetings**

Hospital and medical-society meetings, by keeping the youthful physician in the mainstream of medicine, naturally help him serve patients more effectively. And they can also be a direct aid to building a practice. By active participation in such meetings, the young G.P. makes

contacts with older family M.D.s and with specialists. And such contacts can lead to night calls, week-end calls, and requests for emergency coverage.

To be sure, some doctors have prospered while remaining aloof from all organizational activities. But often there's a tendency to think of these men as outsiders; and no doctor can be truly successful without being known by his brother practitioners.

Acceptance of office in a medical society, on the other hand, usually doesn't help to build a private practice. From time to time, I have labored conscientiously on committees or in offices; and sometimes I've noticed a slight increment in practice.

But this has generally been more than offset by a loss of income and clientele, resulting from my increased attention to organizational duties. So I can certify, from experience, that service to the medical society is a duty to be willingly accepted; but it's not a practice-building enterprise.

### Joining Clubs

A good many years ago, I was a "lodge doctor." And it didn't take



"Would that blood pressure still be all right if I happened to be a little older than thirty?"

me long to decide that membership in lay organizations is vastly overrated as a means of developing a practice. There are two reasons why:

 Many members are unwilling to confide in a member-doctor, just because he is one. So the doctorpatient relationship suffers.

2. And too many brethren expect to be treated free of charge because they use the same handgrip, or because of the close friendship established through club contacts.

So if you want to join a country club, for example, go ahead. It may, as some doctors maintain, help you professionally. But if I were you, I'd join for the sake of the golf course, not in expectation of other valuable considerations. About the only medical practice I ever got out of my club memberships was of the "Say, Doctor, what's good for an aching back?" variety.

### Civic Activities

Medical journals are always editorializing about the duty of doctors to take part in civic affairs. I agree. But a physician weighing the practice-building value of such activities should, it seems to me, recognize that they fall into two groups—the political and the eleemosynary. Let's begin with the political:

The doctor is usually welcomed as a candidate for city or county office. But if he wants to keep his professional status unmarred, he must be sure of the company he keeps. I've known of doctors who have been flattered into serving as respectable fronts for venal political organizations.

So it's unfortunately true that, unless he really has a talent for it, politics is bad medicine for the M.D. Nor is it necessarily good medicine for his practice—though it may be for men of other professions.

For example, politics may build a lucrative law practice, since clients may retain a lawyer-politician for no other reason than that he knows the ropes. Thus, the liquor dealer who wants a franchise may go to a lawyer with the right connections. But when the liquor dealer's child gets sick, he wants a competent, dependable physician. So he doesn't give a hoot about the doctor's politics.

Then, too, patients who visit a doctor because of his political prestige may expect cut-rate or gratis treatment in return for political support. But if they think they're seriously ill, they'll avoid their cut-rate friend like the plague.

### **Charity Work Best**

The non-political kind of civic activity is a different matter. This type of service—to a community chest, a county recreation board, a social agency—may lead to some ethical publicity and to quite a number of desirable contacts.

It's not a spectacular practicebuilding device; for when the physician first enters [MORE ON 226]

### What You Ought to Know About Witness Fees

Determining the fee • A dubious yardstick • The usual minimums • Preliminary work • Pre-trial conferences • When you're subpoenaed • Contingent fee risks • Collection problems

### By Henry A. Davidson, M.D.

"Now, Doctor, do you expect to be paid for your testimony?"

This booby-trap question has confounded many an inexperienced medical witness. If his answer is "Yes," the jury may construe it as an implication of testimony for sale, possibly to the highest bidder. If it's a plain "No," he's either committing perjury or giving the litigant an excuse to refuse to pay the medical bill.

A reply favored by experienced physician witnesses is: "No-but I do expect to be paid for my time."

### Determining the Fee

That's also the best answer to the question of how, if you go into court as an expert witness, you can—and usually should—charge for your services in the cause of justice. The fee ought to be based, as a rule, not on the nature or importance of the testimony, or on what's at stake in the case, but on the value of the physician's time.

The simplest way to fix the size of your fee is to estimate your average gross hourly earnings, then multiply by the number of hours the court appearance has taken from your practice. This properly includes the time spent in traveling to and from court, and in waiting to be called to the stand.

#### A Dubious Yardstick

Though it's seldom good policy to charge according to the value of testimony to a litigant, a doctor will occasionally do so. He may feel he's entitled to a higher fee if, for example, his evidence voids a will, so that an otherwise disinherited person inherits a large sum, or if an accident insurance company is saved a large indemnity because of testimony that a policyholder died a natural death.

But most medical witnesses refuse to use this yardstick. Their main reason: It gives the physician a financial interest in the result of the litigation, and may lead to suspicion of his motive in testifying. Also, it suggests that if the doctor expects payment on the basis of the outcome, he should be content to receive no fee when his appearance produces no direct financial benefit.

### The Usual Minimums

The traditional minimum fee paid to a general practitioner for a single brief court appearance as an expert witness is \$25. This corresponds to the value of about three hours of the average G.P.'s time, as reflected in the Seventh MEDICAL ECONOMICS Survey. The fee may, of course, be more in cases requiring prolonged testimony or much travel time.

The fee charged by specialists is nearer \$100. And the reasons for the disparity are easily seen. Not only does the specialist set a higher per hour value on his time than the G.P., but his testimony ordinarily takes longer, being more detailed; and he's often subjected to searching cross-examination. Furthermore, the specialist's geographic range is normally wider, so that he may spend more time getting to and from the courtroom.

### **Preliminary Work**

These minimum fees don't, of course, cover preliminary work in your office, the hospital, or the patient's home. You submit a bill, at your usual scale, for examinations, office visits, consultations, home calls, hospital visits, or treatments. This bill becomes part of the claimant's medical costs, and is submitted to the jury.

Some doctors, mindful of occasions when they've failed to collect witness fees, present larger-thanusual bills for such services. But this practice has been known to boomerang in court. Suppose, for instance, that the bill includes several office visits at \$10 each, and cross-examination establishes that the doctor's regular fee for an office visit is only \$3. The jury may well believe that the doctor padded the bill in the hope of profiteering on whatever judgment or settlement the patient might get.

The per hour basis for setting

# RENATAL

Vise in prenatal care and lactation—These capsules, taken during pregnancy and lactation in addition to a full diet, provide

A Low-Cost Form of Insurance

During Pregnancy and Lactation . . .

GRAVIDOX\*

The Time-Tested, Ideal Nutritional Approach to the Excessive Nausea of Early Pregnancy . . .

VITAMIN Therapy for Hyperemesis Gravidarum
—Upon presentation of the patient for treatment, I cc. of Gravidox Solution Lederle, containing 50 mg. of pyridoxine HCl (B<sub>0</sub>) and 50 mg. of thiamine HCl (B<sub>1</sub>) may appropriately be given two or three times weekly. For maintenance of dosage, Gravidox Tablets Lederle, thiamine HCl (B<sub>1</sub>) 20 mg. and pyridoxine HCl (B<sub>6</sub>) 20 mg., may be given orally in a total daily dosage of 5 to 12 tablets, at times when vomiting is least likely to occur.

Literature available to the physician should be consulted.

LEDERLE LABORATORIES DIVISION AMERICAN Grammid COMPANY
30 ROCKEFELLER PLAZA, NEW YORK 20, N.Y.

is

ly er ne

ly d;

h-

e,

ly

nd

of

at

ne

S.

ned

ct

at

or

d

at

11

e

it



### An Unusually Unresponsive Arthritis— Severely Painful, Recurrent . . . .

Consider gouty diathesis as the cause. "Chronic gouty arthritis may be confused with osteoarthritis, post-gonorrheal rheumatoid arthritis and adult rheumatoid arthritis."

Fortunately, there is a sure diagnostic test for gouty arthritis—gout should be suspected if "symptoms are relieved within 24 to 72 hours by adequate doses of colchicine." 2

Specifically designed to meet the demands

of gouty arthritis therapy—

CINBISAL 'McNeil'

—provides colchicine (0.25 mg.) for its specific effect; sodium salicylate (0.3 Gm.) to combat pain in hyperuricemia; ascorbic acid (15 mg.) to replace vitamin C lost during salicylate therapy.

CINBISAL is supplied in bottles of 100 and 1000 tablets. (Engestic® coated green.) Samples on request. IN ACUTE CASES — medical management includes two tablets Cinbisal (equivalent to colchicine 0.5 mg. and sodium salicylate 0.6 Gm.) every hour until pain is relieved, unless gastrointestinal symptoms appear. (Eight to ten doses are usually sufficient.)

TO PREVENT RECURRING ATTACKS — one or two tablets every four hours.

MCNEIL LABORATORIES, INC. Philadelphia 32, Pa

- Comroe, B. I.: Arthritis and Allied Conditions, Philadelphia, Len & Febiger, 1949, p. 734.
- 2. Ibid, p. 735.

your fee will need modification, of course, if you have to travel a long distance and stay overnight in the courthouse city. In such a case, you'll probably want to make a fee arrangement with the attorney in advance.

It ought to be clearly understood, too, whether you're to be additionally reimbursed for train or plane fare or automobile expenses, hotel bills, meals, tips, and other travel costs.

#### Pre-Trial Conferences

Unless you know your way through the maze of court procedure, you'll find it advisable to have a pre-trial conference with the attorney. This is a consultation, and should be billed at your regular rate.

Such a consultation offers much. You'll learn what questions to expect during direct examination, and you'll get an idea of what ones to anticipate in the cross-examination. Here, too, the timetable of the trial may be worked out and the question of your fee settled.

### Fees Set by Rule

In some types of actions—notably those brought under workmen's compensation laws—fees for expert medical testimony are set by a referee, a commissioner, or an industrial accident board, or are predetermined by legally established schedules. It's then usually illegal for the physician to collect a supplementary fee, even though the

amount awarded for his services may be far below what he usually receives.

There are some exceptions. But before submitting a bill in excess of the prescribed amount, you'd better seek an opinion from the attorney.

### When You're Subpoenaed

If you're called into court on a subpoena, as an ordinary witness rather than as an expert, you may have to be satisfied with nothing more than the ordinary fee of from 50 cents to \$2. You're compelled in such a case to give factual testimony (as distinct from a professional opinion) as a civic duty.

You may, for example, be required to state facts in answer to questions like these: "When did you see the claimant?" "How many stitches did you take in his scalp?" "What was your fee, and who paid it?" Opinions as to the significance of your answers may be given by another medical witness, or the jurors may be left to draw their own conclusions.

Sometimes, when the physician who gave the treatment refuses to go to court voluntarily, the attorney has no choice but to subpoena him. And in several jurisdictions the subpoenaed doctor may have to give opinions as well as facts once he is on the stand. Generally, though, his opinions (in contrast with his observations) are considered his own property, not to be taken from him without compensation. [MORE ON 221]

news.....



# News of an important advance in chemotherapy

A DRAMATIC CHAPTER in medicine opened unexpectedly in recent years with the discovery of powerful antimicrobial agents which had highly specific action against bacteria—with but little toxicity for human tissues.

Among the few classes of drugs yet included in this category are the sulfonamides, antibiotics and the nitrofurans.

Discovered at Eaton Laboratories in 1939, the powerful antimicrobial action of these nitrofurans was accompanied by several fundamental advantages: a wide O2N OR

antibacterial spectrum, low cytotoxicity, negligible development of bacterial resistance, stability and a simplicity of chemical structure which permits ready synthesis of numerous variations.

Soon following this basic discovery, the first nitrofuran was elaborated for clinical use. This was Furacin, brand of nitrofurazone N.N.R., the topical antibacterial agent.

Continued chemical syntheses and bacteriologic assays next revealed a second nitrofuran with antifungal properties: Furaspor, brand of nitrofurfuryl

methyl ether. This has been employed clinically as a topical fungicide.

As information accumulated concerning the exact mode of antimicrobial action of these compounds and their catabolism in the body, organic chemists tailored these nitrofuran molecules to fit the specifications for a systemic antibacterial agent, involving such factors as rapid bactericidal action, solubility, stability, absorption, catabolism and excretion.

An important degree of success has now been attained in the form of the third nitrofuran produced for clinical use—the first designed for systemic administration: Furadantin.

$$O_3N$$
 $O_1$ 
 $CH = N - N$ 
 $O_1$ 
 $O_2$ 
 $O_3$ 
 $O_4$ 
 $O_4$ 
 $O_5$ 
 $O_6$ 
 $O_7$ 
 $O_8$ 
 $O_$ 



with definite advantages:



PYELONEPHRITIS
PYELITIS
CYSTITIS

# FURADANTIN®

- clinical effectiveness against most of the bacteria of urinary tract infections, including many strains of Proteus, Aerobacter and Pseudomonas species.
- low blood level-bactericidal urinary concentration
- effective in blood, pus and urine-independent of pH
- limited development of bacterial resistance
- rapid sterilization of the urine
- oral administration
- stable
- low incidence of nausea—no diarrhea or abdominal pain—no proctitis or pruritus—no crystalluria or hematuria
- nonirritating-no cytotoxicity-no inhibition of phagocytosis
- tailored specifically for urologic use

# CLINICAL EFFECTIVENESS

# of Furadantin in urinary tract infections:

- FURADANTIN HAS PROVED ESPECIALLY EFFECTIVE in refractory Proteus infections. It produced complete clinical and bacteriologic cures in 14 of 22 patients with acute or chronic cystitis or pyelonephritis due to Proteus species. Definite symptomatic improvement was obtained in the remainder, without a single failure. All of these patients had been previously treated unsuccessfully with various antibiotics. Furadantin dosage was 5 to 10 mg. per Kg. per day, depending on the susceptibility of the patient to nausea. In no case did nausea or emesis require termination of treatment and there was no instance of sensitization, diarrhea, pruritus or proctitis (1).
- THIRTY-THREE AMBULATORY PATIENTS with acute or chronic pyelone-phritis or cystitis were treated with Furadantin. Of these, 17 were cured both clinically and bacteriologically, 14 were improved and only 2 were failures. Most patients required only 5 days of treatment. Among the bacteria eradicated were 16 of 22 strains of E. coli, 4 of 6 strains of A. aeruginosa, 3 of 5 strains of Proteus species and 1 of 3 strains of Pseudomonas aeruginosa. Nausea and occasional emesis were controlled successfully in all cases by reduction of dosage below the usual range of 7 to 9 mg. per Kg. No other untoward effects were observed (2).
- IN A THIRD STUDY Furadantin was administered to over 70 persons. One group of 12 patients with chronic, miscellaneous urinary tract infections had failed to respond to other modern antibacterial therapy. Of these, 5 were completely cured, 3 were improved and 4 were failures. Bacteria eradicated included Pseudomonas, E. coli, A. aerogenes and enterococci. Furadantin dosage was 7 mg. per Kg. for 14 days.

Of 59 persons receiving doses of 5 to 7 mg. per Kg., nausea occurred in only 2. Among the 79 subjects and patients on clinical dosage levels for as long as 14 days, there was no case of sensitization, blood dyscrasia, proctitis, anal pruritus, crystalluria, abdominal pain or diarrhea (3).

- 1. Friedgood, C. E. and Danza, A.: Furadantin in Urinary Tract Infections Due to Proteus. Read at the Clinical Congress of the American College of Surgeons, New York City, September, 1952.
- 2. Norfleet, C. M., Jr.; Beamer, P. R., and Carpenter, H. M.: Furadantin in Infections of the Genitourinary Tract. Read at the Annual Meeting of the Southeastern Section of the American Urological Association, Boca Raton, April, 1952.
- 3. Mintzer, S.; Kadison, E. R.; Shlaes, W. H. and Felsenfeld, O.: Treatment of Urinary Tract Infections with a New Antibacterial Nitrofuran, Antibiotics and Chemotherapy 3 (Feb.) 1953.

# **FURADANTIN DOSAGE**

Accurate dosage based on body weight is important to minimize nausea.

The average dose is 5 to 8 mg. per Kg. (2.2 to 3.6 mg. per lb.) body weight nude per 24 hours. One-fourth of this dose is administered with each meal and on retiring. Cold milk or food should be given with the last dose at night to prevent nausea. Therapy is continued for at least 3 days after the urine becomes sterile.

For resistant infections, as by Proteus, Aerobacter or Pseudomonas, the dose may be increased to the maximum of 10 mg. per Kg. per day (4.5 mg. per lb.).

Do not administer Furadantin for more than 14 consecutive days. If there is a recurrence of infection, allow a 4 week rest period before resuming therapy.

Until more clinical data are obtained, Furadantin is not yet recommended for young children. Its use is contraindicated in anuria, oliguria, or severe renal damage. It cannot replace essential surgery.

**CAUTION:** Since this is a new drug, its use should be confined, for the present, to serious infections that are not amenable to other agents.

As with all new and powerful chemotherapeutic agents, it is recommended that routine blood cell studies be made during treatment. The clinician should always be alert for possible sensitization and other untoward systemic reactions.

# This dosage chart permits administration of one size tablet only

Body Weight		Dosage Range mg./Kg./24 hours		Average Dose with meals and at bedtime	
Pounds	Kg.	from	to	No. tab.	Size tab.
60-84	27-38	7.3	5.2	1	50 mg.
85-114	38-51	7.7	5.8	1 1/2	50 mg.
115-139	52-63	7.6	6.3	1	100 mg.
140-169	64-76	7.8	6.5	21/2	50 mg.
170-224	77-101	7.7	5.9	1 1/2	100 mg.
225-250	102-113	7.8	7.0	2	100 mg.

# FURADANTIN is . . .

brand of nitrofurantoin [N-(5-nitro-2-furfurylidene)-1-aminohydantoin], a crystalline yellow compound of bitter taste, slightly soluble in water. It is readily absorbed from the alimentary tract and about 40 per cent is excreted in the urine. Its solubility in urine is such as to obviate all danger of crystalluria. Furadantin is stable in storage and to all physiologic pH values. The oral  $\mathrm{LD}_{50}$  in mice is 895 mg. per Kg.

Its antibacterial spectrum in vitro against urinary tract organisms includes many strains of:

#### GRAM-NEGATIVE

Aerobacter aerogenes Escherichia coli Neisseria gonorrhoeae Pasteurella multocida Proteus vulgaris Paracolobactrum species Pseudomonas aeruginosa Salmonella choleraesuis Salmonella enteritidis Salmonella paratyphi Salmonella schottmülleri Salmonella typhimurium Salmonella typhosa Shigella dysenteriae Shigella paradysenteriae Vibrio comma



# Scored yellow tablets of

50 mg. in bottles of 50 & 250. 100 mg. in bottles of 25 & 250.

Available through your pharmacy and hospital on prescription.

Detailed literature sent physicians on request



#### **GRAM-POSITIVE**

Corynebacterium diphtheriae
Corynebacterium species
(diphtheroids)
Micrococcus (Staph.) pyogenes
var. aureus and albus
Streptococcus faecalis
Streptococcus pyogenes
(hemolyticus)
Streptococcus mitis





# Is Your Will Obsolete?

A review of your will may save thousands of dollars in taxes. And it may prove even more valuable in preventing miscarriage of your bequests

#### By Rene A. Wormser, LL.B.

• So you've got a will! That's fine. But have you reread it recently?

If you haven't, you may be leaving your family some real headaches. A forgotten will tends to grow obsolete—and an obsolete will is sometimes worse than none at all. It can cost your heirs money. It can bring legal complications and family strife.

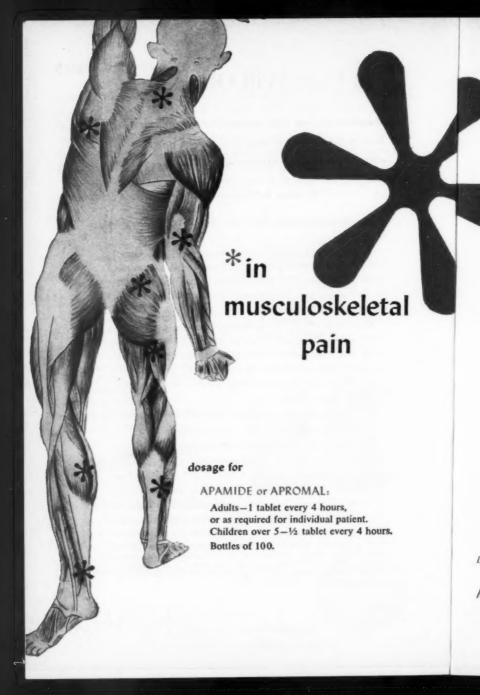
Doctors to whom I've mentioned these facts have naturally asked "How so?" They've asked a lot more questions, too, once they've discovered that an updated will can sometimes save their heirs a lot of hard cash in death taxes. Here's the gist of one such question bee, as it developed in my office:

Q. How, exactly, can an out-of-date will cause trouble?

A. Well, let me give you a couple of illustrations:

Suppose, after making your will, you move from state X to state Y. Your will was witnessed by two persons, as required by the law of state X. But state Y requires that a will have *three* witnesses. When you die, therefore, the court in state Y may throw out your will as invalid. It can then parcel out your estate without regard to your

RENE A. WORMSER of the New York Bar combines a busy law practice with teaching, writing, and lecturing. He is moderator of the estate-planning course at New York University and author of such books as "Personal Estate Planning in a Changing World," "Theory and Practice of Estate Planning," "The Law," etc.



pain relief

that is prompt...prolonged...prescribed

# APAMIDE

(N-acetyl-p-aminophenol, AMES, 0.3 Gm.)

analgesic · antipyretic

APAMIDE relieves pain promptly, because its direct action avoids analgesic lag. The margin of safety and outstanding tolerance recommend *Apamide* for respiratory infections, functional headache, muscular or joint pain and dysmenorrhea.

pain relief plus sedation

# APROMAL

(N-acetyl-p-aminophenol and acetylcarbromal, AMES, 0.15 Gm. each)

sedative · analgesic · antipyretic

non-narcotic and non-barbiturate

Prescribed for nervous or apprehensive patients and pre- and postoperatively in minor surgery and painful procedures.

Apamide and Apromal are trademarks of Ames Company, Inc. RONLY... Apamide and Apromal are prescription-protected to prevent indiscriminate use. You control dosage and duration of treatment.

Literature and samples available upon request,

AMES
COMPANY, INC., ELKHART, INDIANA



Ames Company of Canada, Ltd., Toronto

4525



# The TINY GIANT

# **Element of Biological Necessity**

# Organidine

The unfolding secrets of metabolism reveal man's dependence upon Iodine as the "Element of Biological Necessity."

IODINE poverty and mild hypothyroidism appear to be part of the aging process after the 40th year. The most prominent complaints of this age group are *chronic fatigue*, *poor memory*, and *sleeplessness*.

ODDINE medication in these patients with beginning thyroid inadequacy may be of real benefit in restoring *mental alertness* and *physical vigor*.

Evidence is accumulating that mild iodine deficiency and hypothyroidism may produce cumulative harm in contributing to hypercholesterolemia, myocardial damage and mental regression. Judicious use of Iodine may well prove to be an important preventive and corrective measure after the 40th year.

ORGANIDIN WAMPOLE is a unique, well-tolerated, standardized iodine preparation which is the result of original research in the laboratories of Henry K. Wampole & Co., Inc. Consistently satisfactory therapeutic results have established Organidin as the Iodine preparation of choice among the vast majority of physicians.

Supplied: 30-cc. bottles with dropper.

Literature and sample on request.

HENRY K. WAMPOLE & CO. • PHILADELPHIA 23, PA.

Crampton, C. W., The Merck Report, 57:26 (1948) Kimble, S. T., and Steiglitz, E. J., Geriatric 7:20 (1952) intentions as specified in the will.

Or suppose that, before World War II, you set up a trust fund for your wife. According to the terms of your will, she'll get a life income of \$70 a week, with the principal (which she can't touch) going to your children at her death. A comfortable arrangement for a widow? Maybe so in the 1940's; but maybe not by the time you finally die. In this case, an unchanged will could doom her to a losing struggle against inflation.

## Best Way to Review

Q. What can I do to prevent such things from happening?

A. Check your will regularly preferably with your lawyer at your side. Once a year isn't any too often. Then, if some provision of your will has gone out of date, you can catch it and correct it immediately.

Q. What should I look for in reviewing my will?

A. Two kinds of changes can make your will obsolete: changes in circumstances and changes in the law. You can check the circumstances yourself, of course.

# What Things to Check

Q. But can I? There have been so many changes in my circumstances. How do I tell which ones affect my will?

A. Try checking them under three main headings: (1) your beneficiaries, (2) your estate, (3) your executor. Q. Does the fact that my beneficiaries are older now make a difference?

A. Yes, because their needs may have changed. Some may have married and had children. Some may be richer, some poorer. In each case, you'll have to decide whether your will now provides too much or too little.

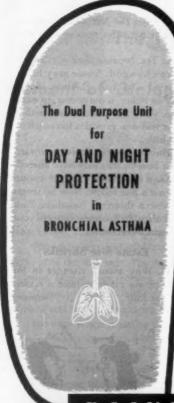
Then, too, your feelings toward your beneficiaries may have altered. Perhaps you once thought cousin Homer a fine fellow. Now he seems to you a thorough nuisance. Your will should of course express your present affections.

## **Estate Size Shrinks**

Q. Why should changes in the size of my estate require a review of my will? [MORE→



"Never been sick? What in the world do you talk about?"



A single package, a single prescription, yet two dosage forms are the unique advantages of the DAINITE® Unit for around the clock protection of the asthmatic patient. Continuous therapy is thereby supplied based on the fundamental difference between the day and night requirement of bronchial asthma. Both Day and Nite tablets provide fully effective therapy against asthmatic attacks; a significant modification of the Nite tablet specifically protects sleep. Striking objective improvement in pulmonary function, together with good tolerance, has been reported with DAINITE.<sup>1,2,3,4</sup>

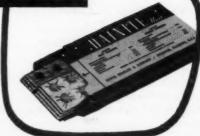
Supplied as the DAINITE UNIT containing 48 Day Tablets and 18 Nite Tablets in a unique dispensing unit. Day and Nite tablets are also available separately, to simplify prescription and refill according to individual needs.

References: (1) Segal, M. S.: Springfield, Charles C. Thomes, 1950, p. B3; (2) Barado, A. L.; J.A.M.A. 147, 730-737, 1951; (3) Segal, M. S., et al.: Ann. Allergy 9: 782-793, 1951; (4) Bickerman, H. G., and Beck, G.: Personal Communication.

IRWIN, NEISLER & COMPANY . DECATUR, ILL.
Research to Serve Your Practice

# DAINITE

Each DAY tablet contains:	Each NITE tablet contains:
Phenobarbita	1 36 gr.
1/4 gr Sodium Pent	obarbital ½ gr.
3 gr Aminophyllin	ie 4 gr.
1/4 gr Ephedrine Hi	CI
34 gr Ethyl Aminol	enzoate 1/4 gr.
2½ gr Aluminum H	ydroxide2½ gr.
Give t.i.d.a.c.	Give at 10 P.M.



st

A. You may have more—or less—to leave your heirs than formerly; so you may want to change their shares. But base your plans on what your net estate is likely to be. That's what will be left after payment of your debts, state and Federal taxes, and related expenses.

Q. What about my executor? How can I tell if he's still the right man for the job?

A. He is if he still meets these conditions:

He should be well versed in financial matters. He should be unlikely to move away. And your executor should have a good chance of surviving you.

#### How to Cut Taxes

Q. What changes in the law should I take into account?

A. The most important ones are those included in the Revenue Act of 1948. These changes can lessen the tax bite Uncle Sam takes out of your estate—thanks to the marital deduction now provided.

Q. I've heard about the marital deduction. But how does it affect my will?

A. The marital deduction allows you to pass to your wife up to one-half your net taxable estate free of Federal tax. Suppose, for example, that you have a \$150,000 estate, and that you leave half of it to your wife. You can then subtract \$75,000 from the value of your estate before you start your Federal estate tax computation.

Q. How do I arrange in advance for a marital deduction?

A. Simply by leaving any property that's part of your taxable estate to your wife. But the property must go to her outright; or else she must receive all the income from it and be able to dispose of the principal. Otherwise the marital deduction won't be allowed.

Q. Must I leave her exactly half my estate, to get the maximum marital deduction?

A. No. You get the full marital deduction by leaving her half or more. Even if you leave her all your \$150,000 estate, your marital deduction will still be \$75,000. If you leave her less than half—say, \$50,000—then only that amount qualifies for the deduction.

# **Don't Forget Exemptions**

Q. Isn't there also a \$60,000 Federal estate tax exemption?

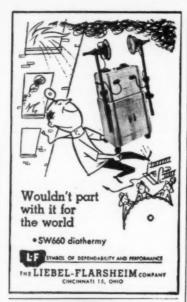
A. There is. Using this exemption plus the marital deduction, if your estate is \$120,000 or under, you can leave it with no Federal tax at all. Half will be tax-free because of the marital deduction, the other half because of the standard exemption.

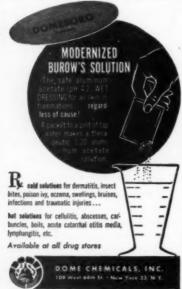
## Big Savings Possible

Q. How much actual money can be saved in death taxes if I use the marital deduction?

A. A few examples (lumping Federal taxes together with the taxes of a typical state) will give you the general idea: 

[MORE→





#### IS YOUR WILL OBSOLETE?

If your estate totals \$100,000, death taxes are \$500 instead of \$5,-800.

If your estate totals \$150,000, death taxes are \$1,800 instead of \$19,000.

And if your estate totals \$200,-000, death taxes are \$5,800 instead of \$34,000.

Those, as you can see, are big savings.

Q. Is there any drawback to using the marital deduction?

A. Well, the property that goes to your wife tax-free will be taxed when she dies. But meanwhile, she can use the money saved on taxes to produce income for herself. Also, she can cut down her death taxes by making gifts during her lifetime.

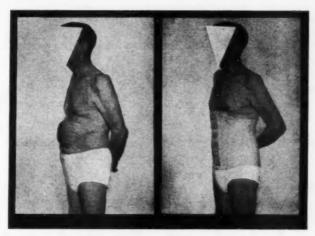
# **Try Giving It Away**

Q. Can't I do the same? In other words, aren't gifts a good tax-saving gimmick for me to consider?

A. Your review of your will wouldn't be complete unless you did consider them. For tax savings often accrue if you give more and will less.

Q. How much can I give my family without incurring any tax?

A. By combining the various exemptions, you can give your wife and three children, for instance, \$114,000 in one year—all tax-free. And each year afterward, you can give each of them \$6,000 without tax. This possibility is worth looking into each time you review your will.



# Keeping the *older* worker on his job . . .

Spencer's safe, comfortable, effective hernial support helps keep this 75 year old man on his full-time job!

Following his 4th operation for gastric ulcers—performed 3 months before these pictures were made—this patient suffered a generalized relaxation of the abdominal masculature resulting in a large ventral hernia, as shown at left. In spite of his age he wished to continue working. As aid to treatment, his physician applied a Spencer, as shown. Follow-up report one year later indicated he had not missed a day from his job as plant engineer supervisor!

Prescribe Spencer Supports with confidence—for abdomen, back, breasts—for men, women, children.

MAIL coupon at right—or PHONE a dealer in Spencer Supports (see "Spencer Corsetiere," "Spencer Support Shop," or Classified Section) for a FREE Spencer Booklet. SPENCER, INCORPORATED
131 Derby Ave., New Haven 7, Conn.
Canada: Spencer, Ltd., Rock Island, Que.
England: Spencer, Ltd., Banbury, Oxon.
Send FREE booklet, "Spencer Supports in Modern Therapy."
Name M.D.
Address

# **SPENCER**

individually designed supports

X marks three reasons why ...

# TAMOST Periodic AbsenteeismX TAMOST Periodic Activities X TAMOST Periodic Acceptance X

# THE INTRAVAGINAL MENSTRUAL GUARD OF CHOICE

COMPORTABLE — physically and psychologically COMPORTED — oney to use, with individual applicators

safe — aliminates oder and irritation

# TAMPASSURANCE A SSURANCE A SSURAN

Regular, Super, and Junior

TAMPAX INCORPORATED . PALMER, MASS.
ACCEPTED FOR ADVERTISING IN JOURNALS
OF THE AMERICAN MEDICAL ASSOCIATION

# How Cool! How Comfortable! How Much?

Air conditioning is a better buy than ever, says the industry. And doctors who've tried it call it a boon. But they advise you to ask a lot of questions before you have it installed

#### By Mauri Edwards

• The air-conditioning industry, says one of its manufacturers, "is the hottest thing in the United States."

What he means is this:

Six years ago, only 40,000 units were sold across the country. Last year, the industry sold close to ten times that number. And this year, if the summer is hot enough, the volume of sales should be hotter still. It may well reach half a million units.

Will one of these units be installed in *your* office? Like thousands of other physicians, you may reply, "I'd like to buy a unit, but . . ." And that "but" has to do mostly with the cost. To which air-conditioning makers reply:

¶ You can put a window unit in a small consulting room for roughly \$265—which includes the cost of installation and of a year's service.

¶ You can install a complete, year-round air-conditioning fixture in a modest-sized office for an initial outlay of about \$1,500.

The sky's the limit, of course, as MEDICAL ECONOMICS discovered in an inquiry among physicians who already have air conditioning. A medical group in Florida told

#### HOW COOL! HOW COMFORTABLE!

of spending a cool \$9,000 for their installation. A Texas doctor bought his for \$6,000. But the average practitioner—with a fair-sized office—spent somewhere between \$2,000 and \$4,000.

#### Price Offsets

While a doctor's original investment in air conditioning may be high, there are several mitigating elements. The annual depreciation on such equipment, bought for office use, is of course tax-deductible as a business expense. The equipment is also long-lived. Manufacturers tell of primitive, 15-year-old models—big, noisy machines—that still do the job. So obsolescence isn't too pressing a cost factor.

The manufacturers add that this year the price is really right. In some cases it's as much as 10 per cent below the 1952 level. And they insist that you'll get more for your money, too. For example:

¶ You can get window units that heat as well as cool. These—designed mainly for the South—run about \$40 more than comparable units that offer cooling alone.

¶ You can get push-button temperature controls. These permit you to select any degree of coolness you like.

¶ You can get smaller units than before, and less obtrusive ones—for instance, conditioners that don't protrude into the room from the window sill.

The possibilities are so many, in

fact, that you'd better shop carefully before buying. Don't forget that your office presents an individual problem. You'll need some expert advice—at least from a qualified dealer—to help you solve it.

One such dealer recommends individual room conditioners for the average suite of offices. "They're cheaper," he says; "you cool only the room you're using. If one breaks down, just one room is affected. And, best of all, if you move, you can take your air conditioning with you."

## Central Cooling

On the other hand, he adds, centralized air conditioning does the job more thoroughly: "It cools the entire place, not just parts of it. The difference between a centralized conditioner and individual units is like the difference between central heating and fireplaces in each room."

He recommends a centralized system mostly to the doctor who's building an office. "If you install central air conditioning then," he points out, "you can use the same ducts you use for heating. This allows substantial savings."

But whatever you do, he warns, "don't buy from a fly-by-night. He'll sell you a unit, whether it's the right one for your office or not. Even worse, he may sell you one that can't be easily serviced."

Appliance makers haven't forgotten the black eye they got because of poor servicing in the early days

# Vitamins for Baby that stay fresh

at al

rt

ie

e

u

h

No more need to worry about shelf deterioration of vitamins for little tots. The packaging of 'Vi-Mix Drops' seals in the freshness—protects heat and moisture-labile vitamins (especially B<sub>12</sub>) by keeping them in stable, powder-dry form until ready for use. Until mixed, no refrigeration is required. Pharmacist or parent adds the separately packaged vehicle to the bottle containing the powder. The resultant solu-

Eli Lilly and Company Indianapolis 6, Indiana, U.S.A.

Prescribe either the 30-cc. or 60-cc. package.

# Vi-Mix Drops



# DOUBLE THE POWER TO RESIST FOOD

### At Meals and Between Meals

Obocell® controls the two causes directly responsible for overeating—bulk hunger and appetite. Nicel® (in Obocell) slows release of d-Amphetamine...prolongs appetite depression... and supplies non-nutritive bulk to create a sense of fullness and satisfaction.

With Obocell it is easy to achieve and maintain patient co-operation throughout the trying period of weight reduction since Obocell keeps the patient on a diet longer.

Each Obocell tablet contains Dextro-Amphetamine Phosphate, 5 mg., and Nicel,\* 150 mg.

Dosage: 3 to 6 tablets daily with a full glass of water, one hour before meals.

Supplied in bottles of 100, 500, 1000 tablets.

\*Irwin-Neisler's Brand of High-Viscosity Methylcellulose.

Oboce III

IRWIN, NEISLER & CO., DECATUR, ILLINOIS

Research to Serve Your Practice

of television. With air conditioning, it could be even worse, because if a unit breaks down when the mercury hits 95, its owner may well curse the day he bought it (and the company he bought it from).

Many reputable dealers meet this situation by including in the overall price of the unit a service contract for the first year, with the privilege of continuation thereafter at an annual fee. Some manufacturers are thinking of going a step further; they plan to develop their own service organizations.

Even though servicing can sometimes be a problem, doctors who have air conditioning apparently make few complaints about maintenance. One physician, who has had his unit for six years, told MEDICAL ECONOMICS that he's never yet needed a repairman.

Nor are operational costs exorbitant. Here are some cases in point:

## Cost of Operation

¶ An Ohio surgeon, with a \$4,000 system, figures that it costs him about \$25 per summer month to run it, plus about \$20 a year to keep it in order.

¶ A New York pediatrician spent \$2,000 to air condition his entire office. The operational cost is about \$15 per month of use, the repair bill about \$25 a year.

¶ A Louisiana G.P. invested \$3,000 in his system and operates it for about \$30 a month. The repair bill: about \$15 a year.

Once past the financial hurdle, what do medical men think of air conditioning? Most of them agree that it not only increases their efficiency and that of their aides, but it also helps keep patients happy. Many Southern doctors call it a "must." Northern city doctors bless it for letting them keep their windows shut in summer—thus doing away with dirt and street noises as well as heat.

A few patients inevitably complain, of course, that they dislike jumping from the frying pan outside into an indoor refrigerator. Or they object to "drafts." But physicians point out that such grousing usually comes from only a few older persons.

To forestall legitimate complaints, says an Arkansas M.D., "Simply set your indoor temperature so it's not too far below that outside."

# What Users Say

Most doctors with air conditioning are enthusiastic about it. But some of them do have reservations:

An Iowan, for example, says "When my rheumatism begins to bother me, I cut off the unit in my consultation room." A Louisianan says, "Air conditioning gives me a bursitis; but I run it for my patients."

A different kind of complaint comes from a New Yorker: "I try to run my office on schedule, but in summer I can't. It gets cluttered up with patients who arrive an hour for positive appetite control

# Biphetacel

patients

"eat less

and

like it"

# **Clinical Report**

"... Biphetacel has been tested recently with excellent results. It contains the 1:3, 1/d ratio of amphetamine phosphate together with methyl atropine nitrate (Metropine®) and sodium carboxymethylcellulose (to reduce constipating effect of amphetamines). It has been administered to 236 overweight patients over an average time of six weeks. The responses have been classified according to the patients' subjective feelings in regard to appetite suppression, as follows: 14 patients—no effect; 30 patients—slight effect; 105 patients—satisfactory effect; 87 patients—excellent effect..."

S. C. Freed, M. D.—Newer Concepts in Treating Obesity, GP, Vol. VII, No. 1, Jan. 1953

CURBS APPETITE EFFECTIVELY
PRESERVES "ENOUGH-TO-EAT" FEELING
ASSURES NORMAL ELIMINATION

Write for literature

small dosage...
Low Treatment Cost

VAGOTONIC patients, 1 tablet ½ to 1 hr. before meals. SYMPATHICOTONIC patients, ½ tablet ½ to 1 hr. before meals.

Each scored tablet contains Racemic Amphetamine Phosphate Monobasic 5 mg.; Dextro Amphetamine Phosphate Monobasic 5 mg.; Metropine ® (methyl atropine nitrate, Strasenburgh 1 mg.; Sodium Carboxymethylcellulose, 200 mg.

Available on Prescription at All Leading Pharmacies

5trasenburgh

R J. STRASENBURGH CO. POCHESTER 14 N Y. U.S.A.

# YOU HAVE WANTED THIS-NOW HERE IT IS!

# A safe, effective peristaltic stimulant for functional constipation . . . with no side effects.

When Harrower investigators isolated the laxative principle of prunes and identified it as a diphenyl isatin, they made a contribution to therapy which was truly and significantly new. Now the synthetic analogue of this isatin is available in two products for the therapeutic correction of functional constipation.

ISOCRIN-diacetylhydroxyphenylisatin (Harrower) is supplied as a 5 mg. tablet for single-dose laxation. It is prompt, non-irritating and completely free from side effects because there is no systemic absorption.

PRULOSE COMPLEX—in tablet or liquid form combines the isatin principle, as represented in Isocrin, with balanced proportions of methylcellulose for moist bulk. Clinical results indicate that the combination exceeds, in therapeutic effect, the acknowledged advantages of methylcellulose alone.

Isocrin is usually prescribed for acute or occasional needs, while Prulose Complex is indicated for physiological correction where the added advantage of a bulking agent is desired. At times Isocrin is used to precede or supplement corrective therapy with Prulose Complex. Used together or separately according to circumstances, the two products offer complete flexibility and professional control of dosage for every conceivable laxative requirement.

A note on your prescription pad or letterhead will bring samples, dosage information and clinical reports.

HARROWER LABORATORY, INC.

930 Newark Avenue, Jersey City 6, N. J.

#### HOW COOL!

ahead of time so they can sit down in my air-conditioned reception room and cool off."

A Californian adds: "My complaint is that I'm too dependent on my unit. I couldn't work satisfactorily if it went out of order."

Almost to a man, the physicians queried by MEDICAL ECONOMICS said that now that they've had air conditioning, they'd never want to be without it. If buying the equipment over again, some would get exactly what they now have. Others would try to find something less noisy. But most of them suggest that you get a centralized system, if you're in a position to.

"Whatever kind of unit you decide on," adds a Florida physician, "you'll be glad you've got it. The beauty of air conditioning is that while it increases your patient load, it also increases your capacity for work."



"I think a little bow in front would look nice, don't you?"





IS THIS ONE OF YOUR PATIENTS?



(Cast from a children's dental clinic showing maloclusion due to thumb sucking)

WHEN TREATMENT IS INDICATED TO
DISCOURAGE THUMB SUCKING

\*\*\*Pecommend\*\*

Order from your supply house or pharmacist



# NEW!

Johnson's Baby Lotion is now available in an attractive, convenient plastic squeeze bottle—as well as in the familiar glass bottle.

# JOHNSON'S BABY LOTION

Johnson Johnson

May we send you free samples of Johnson's Baby Lotion? Simply write on your B and mail to Johnson & Johnson, New Brunswick, N. J.

# Your Draft Queries Answered

Age limits • Physical disability • Dependents • Hardship cases • Course of instruction • Uniforms • Choice of duty • Thumb-twiddlers • Red tape • Chance for advancement • Army as a career

#### By Charles H. Knickerbocker, M.D.

• I've just completed a tour of active duty in the Inquiry Branch, Office of the Surgeon General, U.S. Army. It was my job to find answers to questions pertaining to the doctor draft as it affects the individual physician.

Since much of what I learned may interest you, I've jotted down some typical questions and answers. My replies aren't official, of course; but they're based on a good deal of personal experience. So I believe the following information to be both accurate and relevant:

# Age Limits

Q. I'm a 41-year-old physician in Priority 3, and I'm in good health. What are my chances of being drafted?

A. Policies and law may change without warning. In general, though, if you're under 45 and in reasonable health, you'll probably be called sooner or later.

Q. What about me? I'm 49 and in Priority 3.

A. At your age, you're relatively safe. Most men over 45 probably won't be called up.

## **Physical Disability**

Q. I have a physical disability for which I've been rejected several times. But I am able to carry on an active practice. Will I be called? 

[MORE→



# How Zest for Food leads to Zest for Life!

It is now clearly recognized that a baby's whole future development is profoundly influenced by his early experiences with food.

Happy mealtimes help a baby thrive emotionally as well as physically. You, yourself, have noticed how often a sunny disposition and sturdy vitality are found in the babies who eat with zestful appetite.

And as one of the many doctors who recommend Beech-Nut Foods, you will be glad to learn that there is a wider choice of appealing varieties than ever before—to keep mealtimes happy for your young patients.

Babies love them... thrive on them!

A wide variety for you to recommend: Meat and Vegetable Soups, Vegetables, Fruits, Desserts—Cooked Cereal Food, Strained Oatmeal and Cooked Barley.

# Beech-Nut



Every Beech-Nut Baby Food has been accepted by the Council on Foods and Nutrition of the American Medical Association and so has every statement in every Beech-Nut Baby Food advertisement. A. In the early days of the doctor draft, almost all physicians capable of carrying on a civilian practice—even if only on a limited basis—were considered physically fit for military duty. In 1951, this policy was reversed, and the same physical standards applicable to line officers were applied to physicians. But in December, 1952, the policy was again changed. As matters now stand, if you're able to practice medicine, you'll probably be found acceptable for the services.

Q. I have a physical disability that has compelled me to limit my practice; yet the Army has declared me physically fit. I want to serve my country, but I'm worried about my strength. At home, I have to rest several hours a day. Will the Army work me to death?

A. The Army seldom works any doctor to death. You'll probably be given a sedentary assignment within the limitations of your strength. (Most uniformed doctors suffer from boredom, not from overwork.)

Q. If my physical disability is aggravated by military duty, will the Government reimburse me for resultant loss of earning power?

A. Yes, indeed—provided your disability has been aggravated beyond the expected usual progression of the condition. Army retirement benefits are, I might add, generous.

# Dependents

Q. I've heard that four or more dependents constitute grounds for

deferment. Does this apply to doctors?

A. No. There are no deferments for dependency alone in the doctor draft. What you've heard applies only to enlisted men.

Q. Well, suppose that, having four dependents, I declined a commission and was drafted as a private. Could I apply for a dependency discharge immediately after my induction?

A. That's an interesting question. As far as I know, it has never been put to the test. According to the letter of the law, you should be eligible for discharge.

# Hardship Cases

Q. I've been in practice only two years. Military duty would wipe out my entire investment, and I couldn't expect to make up for it on the pay of a first lieutenant. Won't the Army take cognizance of this great financial hardship?

A. The Army maintains that officers' pay is adequate. So it won't worry about your loss, no matter how great.

Q. Suppose that, as a doctor, I'm essential to my community. Can I be deferred because of this?

A. Deferments for this reason are rarely granted—and then only for a temporary period, until a replacement for the deferred doctor can be found. Some physicians have tried to escape the draft by submitting a petition of essentiality, signed by their devoted patients. But such pe-

# The Premier Thyroid Product Exclusively Prepared



An Outslanding Achievement in Glandular Product Control





thyrar is the entirely new, bovine thyroid preparation with "isothermic processing" as the key to superior product uniformity. Positive isothermic control at every step in manufacture and exclusive use of bovine thyroid glands "quick-frozen" at the time of removal from the animal provide a new, whole-gland preparation of highest purity with distinct clinical advantages.

# ADVANTAGES OF Thyrar

- Greater uniformity
- Complete efficacy of the whole gland
- e Elimination of unwanted organic matter
- Chemically assayed and biologically tested
- Standardized equivalent to Thyroid U.S.P.
- Tasteless
- New, small-size offers greater patient convenience

HOW SUPPLIED: Tablets of 1/2, 1 and 2 grains in bottles of 100 and 1000.

-world-wide dependability



THE ARMOUR LABORATORIES

A DIVISION OF ARMOUR AND COMPANY . CHICAGO 11, ILLINOIS

PHYSIOLOGIC THERAPEUTICS THROUGH BIORESEARCH

titions are a waste of time; they won't work.

#### Course of Instruction

Q. I'm going on active duty within a few weeks. Where will they send me first?

A. To the Medical Field Service School, Fort Sam Houston, Tex., for a six-week course of training.

Q. What is this course like?

A. The first week is devoted to processing. Then there are four weeks of lectures and a final week in the field. It's a good course. Most new medical officers enjoy it.

#### Uniforms

Q. What's your advice on uniforms?

A. Junior officers get a \$250 uniform allowance; at the rank of major and above, there's no such allowance. It's best to buy at the Army quartermaster stores rather than at civilian tailors, since prices in the Army stores are lower and quality is better. Buy as little as you can get away with. Army uniforms wear like iron. Yours will last two years even if you don't.

Q. Will I ever be allowed to wear civilian clothes during my period of service?

A. Yes, in off-duty hours. At most officers' clubs, you'll seldom see a uniform after 5 p.m.

## Choice of Duty

Q. Do I have anything to say about my permanent assignment

after I leave Fort Sam Houston?

A. Yes. You'll be interviewed by a representative of the Surgeon General's office, and you'll have a chance to state your preference.

Q. Well, then, suppose I don't

want to go to Korea?

A. Nobody wants to go to Korea, but that's where the greatest need exists. If you have a real physical disability, you'll probably be stationed at a fixed hospital, either here or overseas. If you have a lot of dependents or a difficult family situation, you may draw an assignment in this country. If you have a rare or highly specialized talent, you'll be used wherever your talent is of best advantage. But for the doctor of average type and circumstances, the destination signs all point to Korea.

Q. I'm a qualified obstetrician. Will I do obstetrics in the Army?

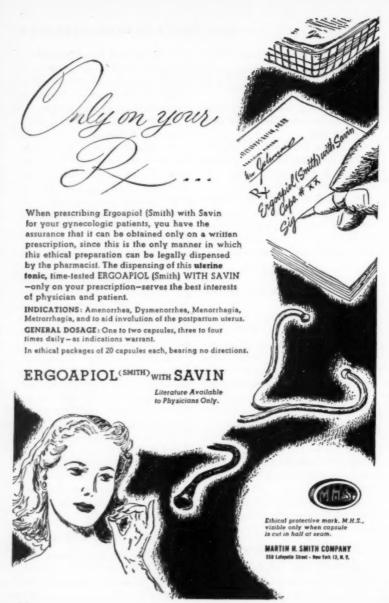
A. Very probably. Board-qualified specialists are used almost exclusively in their specialties. Self-styled specialists, without the requisite formal training, may not receive such consideration.

Q. I'm a conscientious objector. Can I be drafted?

A. Yes. Service in the Medical Corps (even under fire) is considered to be non-combat. And conscientious objectors can be drafted for non-combat duty.

## Thumb-Twiddlers

Q. Many of my friends who served in World War II say they had to sit around for years with



nothing to do. Will this happen to me?

A. The situation is better today, though maldistribution of Army doctors does still exist. Some such waste is inevitable in military medicine—partly because the Army is reluctant to reduce the physician-troop ratio to a realistic level. Many physicians in uniform will have enough to do. But many others will undoubtedly feel that their services have been wasted.

Q. Are military doctors allowed to practice privately on the side?

A. Yes-in off-duty hours.

# Red Tape

Q. Veterans complain about difficulties they've had with regular Army officers and with line officers. Might this bother me?

A. The old soldiers are fading away, and most officers are decent to physicians. It's true, though, that you do come across an occasional war horse—and one of these in the wrong place can make a doctor pretty unhappy.

Q. How about red tape?

A. The Army thrives on it; there's more today than ever before. Fortunately, the Medical Administration Corps takes much of the administrative burden from the doctor's back. But there's enough red tape left over for everybody.

## Chance for Advancement

Q. Will my Army experience be of future value to me professionally?

A. That depends. Some medical officers get excellent training. For others, their period of service will perhaps seem a total waste of time. Most doctors will find that the experience falls somewhere between these two extremes.

Q. What are my chances for pro-

A. Very slim. Under present policy, almost no physicians on twoyear tours get promoted. So if you go in as a captain, you can expect to come out as a captain.

# Army as a Career

Q. Since I'm breaking up my practice to enter the Army, I'm seriously considering making it my career. Am I crazy?

A. Not necessarily. In spite of the way physicians gripe during their service, a good many of them sign on for another tour of duty these days. For the minority who want a fairly easy job with regular hours and steady (though not particularly high) pay, the military life has its attractions.

Q. Then do you think I'll enjoy a two-year hitch?

A. If you're the average, no. Few men really like the Army except generals; and your chances of becoming a general are remote. However, most men of this generation have been exposed to military life, and most of them have survived the experience without permanent damage. Your chances of doing so are equally good.

# Does Labor Still Demand A Compulsory Health Program?

Testimony of workers and union leaders indicates that they're at least not satisfied with present methods of financing sickness costs

#### By Wallace Croatman

 Perhaps the labor unions aren't so opposed as they used to be to the status quo in medicine. But they're still far from convinced that voluntary health insurance can solve medical-cost problems.

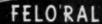
You're bound to come to this conclusion if you wade through the welter of statements presented by the unions to the Truman-appointed Commission on Health Needs. In city after city, labor's testimony followed the same pattern: Workers told how catastrophic illnesses had wiped out their savings and thrown them heavily into debt; labor leaders cited similar cases to buttress their demands for bigger and better health plans.

Some of the testimony seems based on shaky factual ground, and much of it is emotionally charged or badly expressed. But it apparently constitutes a cross-section of union opinion on such matters as doctor bills, hospitals, and voluntary health insurance. For this reason, MEDICAL ECONOMICS presents here several examples (verbatim, but abridged) of what labor had to say.

Nicholas Gribaudo, Pennsauken (N.J.) industrial-plant guard: Shortly after I was laid off in 1947, I developed a kidney condition and was hospitalized for three weeks. My



A NEW
NON-BARBITURATE
SPASMOLYTIC-SEDATIVE
CHLORAL HYDRATE plus
NATURAL BELLADONNA
ALKALOIDS



FELORAL CAPSULES are packaged in moisture-proof strips for their protection (easily carried in purse or pocket.

#### AVERAGE DOSAGE

Adults: 1, 2 or 3 capsules with water as indicated; at regular intervals, preferably after meals. Infunts: Revially, as required.

Supplied: Prescription size - 100's

Samples? Of course . . . on your request.

Each PINK and WHITE FELORAL Capsule contains:

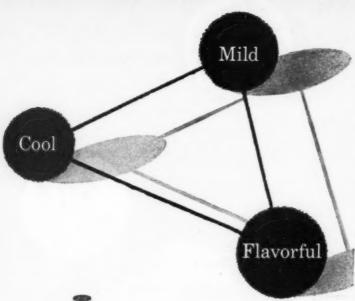
CHLORAL HADRATE .3 ; gr. 250.0 mg BELLADONNA ALKALOIDS, naturally occurring HYOS YAMINE 0.100 mg ATROPINE 0.020 mg



wharmaceuticuts since 1866

28 Christopher St., New York 14, N. V.

Originators of CHLORAL HYDRATE in Soft Gelatin Capsules





There must be a reason why...

More people smoke

# Camels

than any other cigarette!

A. H. ROBINS CO. INC.





INDEPENDENT SURVEYS CONSISTENTLY SHOW DOMMATAL TO BE THE MOST FREQUENTLY PRESCRIBED OF ALL ANTISPASMODICS. THERE MUST BE A REASON! EACH DOMMATAL TABLET, CAPBULE, OR S CC. OF ELLYIR CONTAINS: HYOSCHAIME SULPATE 0.1037 MG. ATROPINE SULFATE 0.1037 MG. HYOSCHIKE HYDROSHOBIDE 0.005 MG. PREPOSARBI-TAL (% GP.) 16.2 MG. ONDHATAL PLUS - SAME FORMULA, PLUS ESSENTIAL B-VITANINS.



162 mg (2½ gr.

PHENACETIN 194 mg (3 gr.)

PHENOBARBITA 16.2 mg. (1/4 gr.)

CODEINE

2 or 32.4 mg. 1/4 or 1/2 gr.)

HYUSCYAMINE S LEATE 0 31 mg. (1/ 000 gr.)

A. H. Robins Co., Inc., Richmond 20, Va.

# Phenaphen

with Codeine



FHENAPHEN



PHENAPHEN WIN CODEINE PHOSPHATE 14 Gr PHENAPHEN - IN CODEINE PHOSPHATE . G. (PHENAPHEN No. 3)





company hospitalization insurance had expired because I was out of work, and I could not afford to take it out on a private basis. My condition was such that I was not able to return to work until 1950.

Even after I myself became better, I have had to continue spending money on doctors and medicine. In 1951, my son was operated upon for an ear condition; and, fortunately, Travelers Insurance took care of this. However, the operation did not clear the condition up, and I had to continue to buy expensive drugs.

In June, 1952, both my wife and son underwent mastoid operations. Travelers Insurance paid the hospital bill of over \$400 and \$125 each to the surgeons for the operation.

However, I have been charged \$500 apiece for each operation—meaning that after the \$250 which Travelers paid, I still owed a balance of \$750. My wife and son are continuing to see the doctor once a week, and this costs \$10 per visit.

I have to return to the doctor myself for a check-up every three months and must have an X-ray of my kidneys taken every six months, which costs me \$45 and is not covered by insurance.

Before I became ill, I owned my home clear; I have had to mortgage my home in order to meet the heavy medical expenses I have incurred. In the past five years, I have spent \$2,600 for doctors and medicine, as well as \$500 in hospital bills. My Travelers Insurance has paid an additional \$950, and I still owe \$750 in surgeons' fees.

I average approximately \$60 a week. During this period, of course, I did not work for two and one-half years because of my health.

## Arthur Harris, Columbus (Ohio) steelworker:

In 1932, after a serious siege of pneumonia, my wife was told by a lung specialist that she had tuberculosis.

We were not satisfied with one lung specialist, so I took her over to the Tuberculosis Society. After an examination, she was informed that she did not have tuberculosis.

So we went to another specialist, He said she did not have tuberculosis but he did not know what she had. So after four or five trips to different specialists, my wife decided she was going to let it go.

In 1940 she became very seriously ill. The neighborhood doctor sent



# Three years of testing further confirms **SKOLEX**

SUN ALLERGY CREAM

# Most complete protection against ultraviolet rays



Now, three years of testing by doctors further confirms the impenetrability of Skolex Sun Allergy Cream to wave lengths 2900-3200 A.U.—the region in the spectrum most responsible for sunburn and other skin reactions to ultraviolet rays.

Skolex has successfully protected even the most hypersensitive or sunallergic skin from the damaging effects of these rays.

Skolex cream base is also helpful to dry skin conditions often associated with sun sensitivities.

### ACTIVE INGREDIENT:

PROPYLENE GLYCOL PARA AMINO BENZOATE

BASE: Stearic Acid, Cetyl Alcohol, Petrolatum, Hydroxybenzoate, Triethanolamine, Carbowax, Perfume (non-irritant), Water.

Samples are available for your clinical use. Write Dept. ME-1, The J. B. Williams Company, Glastonbury, or use coupon below.

# THE J. B. WILLIAMS COMPANY, (Dept. ME-1) GLASTONBURY, CONN.

Please send me samples of Skolex for clinical use.

Name	
Address	
City	State

her to a specialist, to have her X-rayed. After consultation at Ohio State University, the specialist came to the conclusion that she had bronchiectasis. He decided then he would give her a certain treatment. After about six months, he was called into the Army. He referred us to another specialist, who insisted that she had tuberculosis. My wife, feeling then that she did not have tuberculosis, quit going to the specialist, and we were up a stump.

We had managed to accumulate \$2,000 in the bank after working seven days a week—two shifts a day, a lot of time. In 1943, a friend of ours who had been doctored for her lung sent my wife to her doctor. This doctor said she had trouble with her blood and recommended shots.

At a cost of \$45 a week all summer, he did not help her any. Finally, he took her to another specialist, who gave her an examination that cost \$125, ordered her into a hospital for experimental treatment with penicillin, which at that time had just come into existence. She took twenty shots of penicillin at \$22 a bottle. I understand there are six shots in a bottle. My hospitalization paid \$4 a day and \$20 for incidentals.

Every three months for the next three years, she went into the hospital. The amount of shots she took increased to 250 shots as a treatment. Once she was in for thirty days; her hospital bill ran \$970, of which my hospitalization paid \$144.

The last forty days she was in the hospital, the bill ran \$1,100. Eight days of that was for streptomycin, which cost me \$60 a day. We spent the \$2,000 we had saved.

She died two weeks after she came home. I was \$2,000 in debt.

# Anthony S. Zuccarello, Trenton (N.J.) auto worker:

My wife became ill, in the latter part of 1949, with chronic leukemia. She has since been hospitalized at least fifteen times and has been transfused over forty times.

The expenses incurred by me over and above those covered by Blue Cross or Blue Shield are as follows:

In 1949: \$417. In 1950: \$371.44. In 1951: \$512.86. From Jan. 1, 1952, to Aug. 4, 1952: \$941.

I also lost three weeks of employment [because of visits to hospitals out of the city], which amounted to \$212. And costs of transportation were \$60.

The total cost to me since 1949 amounts to \$2,514.30; and now I am faced with an added indebtedness, since my wife had to undergo an operation two weeks ago for the removal of her spleen. She is still hospitalized; my benefits under Blue Cross are running out; the medical doctor has long since exhausted the twenty-one visits at the hospital allowed by Blue Shield; and I have not as yet received the surgeon's bill. [MORE ]

## LABOR'S HEALTH DEMANDS

To meet these expenditures, I had to cash all my war bonds, totaling between \$350 and \$400; I had to use up all my cash savings, amounting to some \$500; and I had to borrow \$500 from the Local 731 U.A.W.A. Credit Union. I am reasonably sure that such additional medical expenses as I have paid could almost be eliminated if we, in this country, had a workable national health insurance program.

# Franz E. Daniel, State Director, North Carolina C.I.O.:

Despite the economic gains organized labor has made in the past fifteen years, we still have a long way to go when it comes to paying for hospital and medical care.

The Bureau of Labor Statistics' city worker's family budget for four people—no luxury budget by any-body's standards—requires at present prices a minimum of \$80 a week.

On that budgetary standard, here is what is allowed for medical expenses:

¶ One doctor's visit to the house per person per year.

¶ Three visits to the doctor's office per year for each member of the family.

¶ One tooth filled per person each year.

It takes eight years to save up enough for a tonsillectomy.

That, gentlemen, is the standard possible when you earn \$2 an hour. But, in North Carolina, if you work in the wood industry, even in an organized plant, you average 97 cents an hour.

At that wage, only two people in a family of four can afford to get sick in a year—the other two just have to die—and there is not even enough money to bury them,

# Harry Kranz, Legislative Director, New Jersey C.I.O.:

Abuses exist in the case of doctors and the Medical-Surgical Plan of New Jersey, on which labor has no representation. Let me cite a few examples:

1. If the worker and his family have no insurance coverage, or if they have an indemnity policy, the doctor or surgeon will charge whatever he feels the traffic can bear. The worker frequently does not know how high the bill will be until he receives it in the mail.

2. If he is a Blue Shield subscriber, but if he uses a non-participating physician, or if he earns more than \$5,000 a year, again the charge will be kept in bounds only by the doctor's conscience. This means that any worker making over \$2.50 an hour in a forty-hour week or over \$2 an hour in a forty-eight-hour week will be confronted with extra charges by his physician—over and above the Blue Shield payment.

3. There is also a disturbing tendency for the family physician who is a Blue Shield participant to call in as consultant, surgeon, anesthetist, or X-ray technician a doctor who is not a participant. The non-

# CENASERT

TREATMENT

VAGINAL ANTISEPTIC TABLETS

CENASERT\* combines antibacterial, fungicidal, and other agents for quick, long-lasting control of infection and maintenance of the normal vaginal environment. Dainty to handle and easily inserted high in the vaginal vault, CENASERT tablets are readily dissolved and dispersed without leakage, staining, or odor...no risk of embarrassment in use.







antispasmodic action virtually without atropinism

through the selective spasmolysis of homatropine methylbromide (one thirtieth as toxic as atropine). plus the sedation of phenobarbital.

Each yellow tablet of MESOPIN-PB: or teaspoonful of yellow elixir contains 2.5 mg homatropine methylbromide and 15 mg. phenobarbital. Also available as

MESOPIN Plain (without phenobarbital) in white tablets, green elixir, and powder.

# MESOPI

Samples? Just write to:

Endo Products Inc., Richmond Hill 18, New York

Blue Shield doctor usually charges the patient substantially more than the Blue Shield allowance for the service. Whether he kicks back part of his fee to the doctor who called him in is, of course, a matter for speculation.

Jerome Pollack, Consultant, U.A.W.-C.I.O., Detroit, Mich.

The U.A.W. is determined to do something about the plight of retired workers. Medical expenses are the single most important factor depleting their savings and threatening their already reduced living standards. Their health insurance is generally discontinued. Individual protection is either not purchasable or prohibitive in cost.

According to studies the union has made, two out of every three retired workers report medical bills in the course of a year. The bills exceed \$500 in one out of six cases; they run above \$1,000 in one out of twenty-four cases. One worker spent more than \$2,500.

When you consider that four out of five retired workers have a total income of less than \$2,000 a year, the seriousness of these largely uninsured and unpredictable costs is obvious.

Joseph Bicking, Executive Secretary, Union Organization for Social Service, Camden, N.J.:

Mr. H averaged \$60 a week and was not able to accrue any savings. On Dec. 28, 1951, he came home ill from work. The doctor diagnosed the condition as a heart attack; and on Jan. 7, Mr. H was admitted to Cooper Hospital in Camden, where he remained until Feb. 21. After this, he was readmitted to the hospital on three other occasions, and finally died on March 19, 1952, leaving a total hospital bill of \$643.10.

The only income in the family during his illness was \$23 a week in sick benefits. He left \$2,000 of life insurance—a private policy for \$500, which was used for burial expenses, and a company policy for \$1,500. This was the only money his wife had at the time of his death.

She is now receiving \$114.80 a month in Social Security benefits—hardly an adequate income to maintain one adult and two children.

When the hospital learned that Mr. H had life insurance, they demanded that the total balance of the bill be paid out of this money. Our agency interceded and made arrangements with the hospital to go along with Mrs. H until such time as she could pay the bill either in part or in full.

Had the hospital obtained the money at that time, as they no doubt would have done had she not been advised to seek assistance, it would have meant that she would have been left with a little over \$850 to face the future.

Mr. F, a construction workerearning enough to maintain his wife and one child adequately, but not enough to accrue any savings—underwent a colostomy. [Upon his discharge from Underwood Hospital], he was advised that when he was healed sufficiently, the viscera which had been left on the outside of his body would have to be put back.

He received \$10 a week for thirteen weeks from his place of employment, but did not have hospitalization insurance. He then had to obtain assistance from his local welfare department.

[Five months after the operation], the doctor informed him that he was ready to have the other operation performed. The hospital told his wife that before they would readmit her husband, the previous bill of \$760.60 would have to be paid.

His wife contacted this agency. The hospital informed our worker that it was lack of bed-space, not the bill, that prevented the patient's readmission, and that as soon as a bed was available they would notify the doctor.

However, after two months' time, nothing had been done to have this client readmitted. Arrangements were then made through the Cancer Society to have the patient go to Cooper Hospital.

Had the other hospital taken him back when the doctor first said he could return, he would have been able to return to work by the time the second operation was finally performed. He lost approximately \$760 income by the postponement of the operation—just about enough money to pay the bill owed the hospital.

# Jacob Clayman, Secretary, C.I.O. Council, Columbus, Ohio:

It is crystal-clear that adequate medical care during sickness is beyond the reach of a large segment of our population.

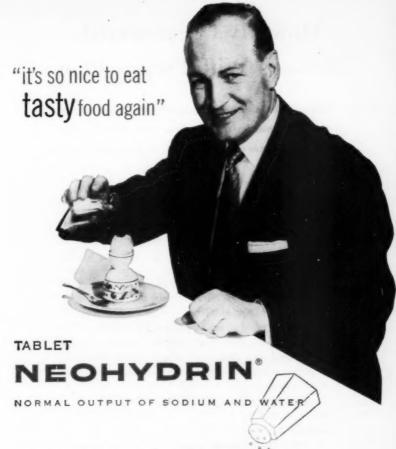
Knock on almost any door where workers live in Ohio, and you will find multitudes of heartbreaking cases in which a man and a family have spent their life's savings, forgone opportunities for education and all the rest, because a major sickness or disease has struck the family circle.

Consider the case of Walter Jones of Columbus. He was operated on in July, 1952—an opening of the nasal passage. The surgeon charged \$275; the medical program only paid \$90.

The problem of Charles Strait, also of Columbus, is even more disturbing. He and his sister had surgery performed on them. The operations were exactly the same. There were no complications in either case. The operations were performed in the same hospital, by the same doctor.

And what is the point of the story? The doctor charged Charles Strait \$100 more than his sister. Why? Because Mr. Strait was subject to a union-management medical program and his sister was not.

END



PRESCRIBE NEOHYDRIN whenever there is retention of sodium and water except in acute nephritis and in intractable oliguric states. You can balance the output of salt and water against a more physiologic intake by individualizing dosage. From one to six tablets a day, as needed.

PRESCRIBE NEOHYDRIN in bottles of 50 tablets. There are 18.3 mg. of 3-chloromercuri-2-methoxy-propylurea in each tablet,

Leadership in diuretic research akeside invokatories, inc., milwaukee i. wisconsin

# How My Office Avoids Mix-ups With Prepay Plans

This doctor and his aide have worked out a routine that minimizes friction, cuts down paper work, and acts as a shot in the arm to collections

By John O'Connor, M.D.

Trouble in dealing with prepay plans can be licked.
 I know it can because we've licked it in my own office.
 But we certainly had our share of grief at first.

The rain of paper work was almost continuous. Scarcely a day passed that some "little" mistake we'd made didn't explode into a big one. We seemed constantly to be billing patients who were covered by their health insurance—and failing to bill others who weren't. We were forever neglecting to report services for which I should have been paid, thereby snarling the bookkeeping and losing money due. How much time we wasted answering requests from the plans for further information I couldn't even estimate.

As a strong booster of voluntary health insurance, I was disturbed to think that such insurance could so multiply the doctor's burdens. The question was: Are the difficulties avoidable?

I spent several months seeking the answer; and I'm glad to say it proved to be *yes*. The difficulties *are*, in large measure, avoidable; and here's how we've tackled them:

To begin with, we studied our prepay-plan relations intensively: We reviewed the chief types of problems

# For effective control of OPHTHALMIC INFECTIONS:

**FURACIN** 

In stable, nonirritating dosage forms:

FURACIN OPHTHALMIC LIQUID & OINTMENT



Furacin proved effective in 88% of 247 patients with external ophthalmic bacterial infections. Conditions treated successfully included conjunctivitis, blepharitis, corneal ulcer, keratitis and dacryocystitis. There was no retardation of healing of corneal lesions(1).

Other clinicians recommend Furacin especially for staphylococcic conjunctivitis and abscesses of the lids and for corneal ulcers (2).

## Some advantages of Furacin:

- · wide antibacterial spectrum
- \* designed for external use only
- effective in the presence of pus
  References: 1. Brennan, J. W.: Am.

J. Ophth. 35:1343 (Sept.) 1952. 2. Pritikin, R. I.: J. Internat. Coll. Surg. 17:234, 1952. — and Duchon, M. L.: Mil. Surgeon 109:706, 1951. —; — and Farmer, H. S.: Mil. Surgeon 109:309, 1951.

Furacin Ophthalmic Ointment contains Furacin 1% in a petro-latum type base. ¼ oz. tube.







OTHER DOSAGE FORMS OF FURACIN INCLUDE:

FURACIN SOLUBLE POWDER . FURA

. FURACIN VAGINAL SUPPOSITORIES

FURACIN NASAL

"Doctor, may I have just a
minute of your time to discuss...



# THE NATIONAL DRUG COMPANY



Philadelphia 44, Pa.

More Than Half A Century Of Service To The Medical Profession



# FOR THERAPY OF VAGINITIS



ALLANTOMIDE VAGINAL CREAM WITH 9-AMINOACRIDINE

# **Encompasses A Wide Range Of Specific And Mixed Infections**

Because it possesses both bactericidal and fungicidal action AVC is particularly valuable in the treatment of vaginitis due to mixed infections (including certain fungi, Gram-positive cocci, Gram-positive and Gram-negative bacilli, anaerobic organisms), probably as a result of "... an apparent synergistic action existing between sulfonamides and 9-aminoacridine ..."

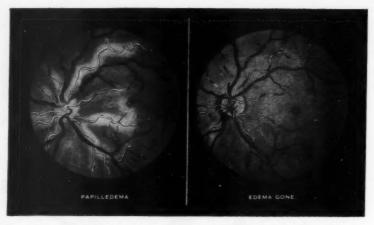
AVC is considered specific therapy against T.V.V., and is exceptionally effective in moniliasis.

AVC is non-staining, deodorizing, easy-to-use. Supplied in 4-oz. tubes, with or without plastic applicator.

Hensel, H.A.: Postgrad. Med., 8:293, 1950.
 Spotts, S.D.: Am. J. Surg., 74:183, 1947.

### FORMULA:

9-Aminoacridine hydrochloride 0.2% Sulfanilamide 15.0% Allantoin 2.0% with lactose in a watermiscible base, buffered with lactic acid to pH 4.5



# To alleviate hypertensive symptoms

In discussing antihypertensive therapy, Grimson and co-workers conclude "... hexamethonium seems to be the best present medical approach toward blockade of the sympathetic nervous system."

With Methium (hexamethonium chloride), orally effective ganglion blocking makes it possible to:

- reduce blood pressure to normal or near-normal levels
- produce marked subjective improvement. Even when blood pressure is not lowered significantly, headaches, dizziness, palpitation and other complaints disappear in the majority of cases.

In addition, "Papilledema and retinal damage usually regress. Cerebral edema and vomiting can be relieved. Pulmonary edema may be lessened or resolved and cardiac hypertrophy diminished."<sup>2</sup>

Methium is particularly indicated in severe hypertension, while in malignant

hypertension it is known to stay the rapid progress of the disease.

Induction of lower blood pressure levels and increase of dosage should be gradual. Once maximal therapeutic benefit is obtained, dosage can be stabilized and therapy maintained indefinitely.

Methium is a potent drug and should be used with particular caution when complications exist—impaired renal function, coronary artery disease and existing or threatened cerebral vascular accidents. Complete instructions for the use of Methium are available and should be consulted prior to instituting Methium therapy.

Methium is supplied in both 125 mg. and 250 mg. scored tablets in bottles of 100 and 500.

- Grimson, K. S.; Orgais, E. S.; Rowe, C. R., and Sieber, H. A.: J.A.M.A. 149:215 (May 17) 1952.
- Paton, W. D. M., and Zaimis, E. J.: Pharm. Reviews 4:219 (Sept.) 1952.



# WARNER-CHILCOTT

Laboratorie

NEW YOR

### HOW WE AVOID MIX-UPS WITH PREPAY PLANS

that had plagued us. We read the manuals and the literature issued by the plans. And we asked questions and invited comments.

My aide Harriet, as a result, soon learned the types of care provided (and not provided) by each plan. She was able to distinguish between the different kinds of contracts and their fee schedules. She found out the purpose behind each item on the printed forms she has to fill out.

With this background of knowledge, she's now able to follow a sound routine in working with prepay patients. Here's what she does:

# She Asks Questions

1. At the patient's first visit, she asks him whether he's enrolled in a plan. It's as automatic for her to get this information as to get his name and address.

If the patient is covered, she enters in her record the contract number printed on his identification card. If he's not sure whether he's covered—and some patients aren't—she suggests that he find out and bring in his card at his next visit.

By this means, we avoid the awkwardness that can result from leaving it up to the patient to reveal whether he's insured. About a year ago, for example, I performed an appendectomy on a man who agreed to my fee without question—and then ignored my bills. When, some months later, Harriet phoned him, he announced blithely: "Oh, I belong to Blue Shield." So, at that late date, we had to begin the process of filing my claim.

Apart from the fruitless billing and the delay in this case, I had set my fee without knowing the real

# HAVE YOU CHANGED YOUR ADDRESS RECENTLY?

To insure uninterrupted delivery of your copies of M.E., please return this coupon properly filled out. Address: Medical Economic, Inc., Rutherford, N.J.

Name	M, D				
Former address:	New address:				
Street	Street				
City	City				
Zone State					
(Please use this	coupon for address change only)				

...specify

ABBOTT'S

new Oral Anti-biotic

# ERY

INDICATION

DOSAG



Especially effective against gram-positive organisms resistant to other antibiotics.



Low toxicity; gastrointestinal disturbances rare; no serious side effects reported.



Special "high-blood-level" coating. ERYTHROCIN, 0.1-Gm. (100-mg.) Tablets, bottle of 25.

# YTHROCIN

TRADE HARR

(Erythromycin, Abbott)

ICATIONS

DOSAGE

Pharyngitis, tonsillitis, scarlet fever, erysipelas, pneumococcic pneumonia, osteomyelitis, pyoderma. A'.z other organisms susceptible to its action, which include staphylococci, streptococci, pneumococci, H. influenzae, H. pertussis, and corynebacteria.

Total daily dose of 0.8 to 2 Gm., depending on severity of the infection. A total daily dose of 0.4 Gm. is often adequate in the treatment of pneumococcic pneumonia. For the average adult an initial dose of 0.1 to 0.4 Gm. is

For the average adult an initial dose of 0.1 to 0.4 Gm. is followed by doses in the same range every four to six hours.

For severely ill patients doses up to 0.5 Gm. may be repeated at six-hour intervals if necessary. Satisfactory clinical response should appear in 24 to 48 hours if the causative organism is susceptible to ERYTHROCIN. Continue for 48 hours after temperature returns to normal.

McGuire et al. (1952), J. Antibiotics & Chemo., 2:281, June.
 Heilman et al. (1952), Proc. Staff Meet. Mayo Clin., 27:385,
 July 16.
 Haight and Finland (1952), New Eng. J. Med.,
 247:227, Aug. 14.

### HOW WE AVOID MIX-UPS WITH PREPAY PLANS

circumstances of the case. As a result, I had asked one fee of the patient, but got a different one from the plan.

### Income Information

 At the first visit, too, my aide gets an idea of the enrolled patient's income. This way, we know in advance whether or not we must accept a scheduled fee for full-service benefits.

Since some patients are likely to take offense at being asked directly how much they earn, Harriet uses a more tactful approach. To find out whether a person is entitled to fullservice benefits, she says: "Your plan classifies its subscribers in two groups: those with incomes under, and those with incomes over, \$4,000 a year. I must record this information so that you'll get all the benefits you're entitled to. Would you mind telling me, therefore, whether your annual income is under or over this \$4,000 level?"

# Briefing the Patient

3. Before I begin treatment, my aide briefs the patient on just what kind of coverage he actually has. This prevents misunderstanding—and possible resentment—later.

Suppose that I'm going to remove a patient's gall bladder. Suppose also that he has a Blue Shield contract covering only my services in a hospital. Harriet then explains that Blue Shield will take care of the



office or clinic ample facilities for all but the strictly
major cases. Cutting, coagulation, desiccation, fulguration
and bi-active coagulation are provided by the Blendtome.
The Blendtome offers you effective control of bleeding,
reduces risk of infection.

The Blendtome is a handsome unit...a striking addition to any office or clinic. Ask for a demonstration or write for descriptive literature.

THE BIRTCHER CORPORATION
4371 Valley Blvd. Los Angeles 32, California

# How much pen-work, Doctor?



Dictation is EASIER



Every time you use a pen to inscribe the day-by-day facts of your practice, Doctor, you impose upon yourself and your work a needless, costly and timeconsuming drain.

The Audograph Soundwriter will relieve you of this in a way that is quick, convenient and economical of your time and money. For the Audograph records all the facts... patient interviews, diagnoses, post-surgical notes and instructions, laboratory findings... and, of course, your routine correspondence and the preparation of medical papers. Audograph will even record your important telephone calls.

For the full facts...just how AUDOGRAPH will save time, eliminate laborious handwritten notes, free you for the essentials of your busy practice...mail the coupon today! You'll save yourself time and money, and streamline your record-keeping in one

simple move.

# AUDOGRAPH ELECTRONIC SOUNDWRITER

AUDOGRAPH sales and service in 180 principal cities of the U.S. See your Classified Telephone Directory — under "Dictating Machines." Canada: Northern Electric Company, Ltd., sole authorized agents for the Dominion. Overseas: Westrex Corporation (export affiliate of Western Electric Export Company) in 35 foreign countries.

Trade Mark "AUDOGRAPH" Reg. U.S. Pat. Off.

THE GRAY	MANUFACTURING	COMPANY,
HARTFORD	1. CONNECTICUT	

- Send me Booklet AK-5 "A Prescription for You."
- Name.....
- Street.....
  - City.....State.....

### HOW WE AVOID MIX-UPS WITH PREPAY PLANS

surgical fee and that he'll be billed only for such pre- and post-operative care as he may need at home. If he has only Blue Cross coverage, Harriet again points out exactly what he's entitled to.

Occasionally, of course, she herself (may be puzzled about a patient's coverage. Some people, for instance, have overlapping Blue Shield and commercial health insurance. Others may need operations that their contracts apparently don't list.

In such an event, she takes no chances. She phones or drops a card to the plan for guidance. If the case is complicated, she may even ask that a field man call on her.

# No Gaps in Reports

4. In our reports to the plans, she sees to it that every item is filled in. Aware that payment to our office will be held up unless we've told the plan everything it wants to know, she's particularly careful to include all the following:

¶ Diagnosis;

¶ Description of pre-existing conditions;

¶ Admission and discharge dates; ¶ Dates of my services; and

¶ My name, precisely as I use it on my letterheads.

Most important of all, of course, is the required explanation of my services. Harriet gets this information either directly from me or from the case card. And she gets it in full. I've trained her to realize that a

vague, nonspecific description of an operation may bring only the minimum fee, whereas something more than that may honestly be due. If the surgical procedures necessitated by the case were numerous or complex, our report should so indicate—and it does.

In other words, she no longer scribbles the word "hysterectomy" and lets it go at that. She writes, say, "total hysterectomy" or "subtotal hysterectomy," with a full account of just which organs were removed. In the same way, she distinguishes between a benign and a malignant tumor, gives its size, the extent of the incision, etc.

# She's Prompt

5. She submits all reports as soon as services have been rendered. And she notes on her records that she has done so. She then runs no risk of turning in a duplicate report by mistake.

But a smooth routine isn't everything. Just as important is your aide's attitude toward prepay patients. Harriet doesn't treat them as if they were charity cases or intruders on our regular practice.

She's thoughtful, too, of the prepay plans and their personnel. She never runs down the plans to a patient. She never complains to them about the red tape involved. Instead, she has come to believe that the prepay plans are my plans—and that she herself is, in effect, their representative.



# FREE SACCHARIN RECIPE BOOKLET TELLS YOUR DIABETIC OR OBESE PATIENTS HOW TO PREPARE LOW-CALORIE FOODS

Your diabetic or obese patients will want this compact, authoritative booklet containing over 70 tested recipes using saccharin. Written in simple, easy-to-understand style, the booklet contains complete step-by-step instructions . . . covers salads, pies, breads, puddings, frozen desserts and scores of other foods.

Patients will find saccharin effective, too. This ingredient is the proved low-cost,

non-nutritive sweetener, backed by over 50 years of use as a synthetic sweetener. Saccharin has over 400 times the sweetening power of sugar.



MONSANTO CHEMICAL CO. Organic Chemicals Division 800 North Twelfth Blvd. St. Louis 1. Missouri

Send. .free copies of recipe booklet.

Name.....

Street.....

City.....Zone...State.....

SERVING INDUSTRY ... WHICH SERVES MANKIND

"...our results...striking...
dramatic..."

"... rapid ..."

"...never (were) other iron salts so efficacious in pregnant patients."

"... more active than the unmodified iron salt (ferrous sulfate)"<sup>2</sup>

"... a true example of potentiation of the therapeutic action of iron..."

"...well tolerated ... "3-6

"...almost no side reactions"

# New Investigation

Again Proves Mol-Iron the Most Effective Iron Preparation

During the past six years Mol-Iron has repeatedly been demonstrated<sup>1-12</sup> to provide the most effective oral iron therapy known. In a recent unique diagnostic and therapeutic study, utilizing newer biochemical determinations in addition to standard hematologic studies, the author<sup>8</sup> described the effect of Mol-Iron as "... the equivalent of a 350 cc. blood transfusion... in the severely anemic patient... Six weeks of ... (Mol-Iron) therapy will in the anemic mother produce the equivalent of 4 transfusions at a fraction (1/40) of the cost."

As for tolerance: "Of the 75 patients receiving (Mol-Iron) . . . , (only) one was forced to stop treatment because of gastrointestinal disturbances."

# White's MOL-IRON®

MOL-IRON Tablets—for older children and adults.

MOL-IRON Liquid —whenever liquid medication is preferred.

MOL-IRON Drops —convenient, prophylactic drop-dosage form.

MOL-IRON with Calcium and Vitamin D-pregnancy dietary supplement.

MOL-IRON with Liver and Vitamins—when nutritional reserves are low.

—and the *New*, potent, complete hematinic—for <u>all</u> types of anemias amenable to oral iron therapy: **MOL-IRON E.M.F.** (Erythrocyte Maturing Factors). White Laboratories, Inc., Kenilworth, N. J.

- Dieckmann, W. J. and Priddle, H. D.: Am. J. Obstet. & Gynec. 57:541, 1949.
- Chesley, R. F. and Annitto, J. E.: Bull. Margaret Hague Mat. Hosp. 1:68, 1948.
- 3. Healy, J. C.: J. Lancet 66:218, 1946.
- 4. Kelly, H. T.: Penn. M. J. 51:999, 1948.
- 5. Neary, E. R.: Am. J. Med. Sc. 212:76, 1946.
- 6. Tuttle, A. H. and Etteldorf, J. N.: J. Ped. 41:170, 1952.
- Forman, J. B.: Conn. St. M. J. 14: 930, 1950
   Lund, C. J.: Am. J. Obstet. & Gynec. 62:947, 1951.
- Talso, P. J.: J. Insurance Med. 4:31, 1948-49.
   Dieckmann, W. J., et al.: Am. J. Obstet. & Gynec. 59:442, 1950.
- 11. Cax, K. E.: Postgrad. Med. 11:219, 1952.
- 12. Briscoe, C. C.: Am. J. Obstet. & Gynec. 63:99. 1952.

# What to Look for In Disability Insurance

[CONTINUED FROM 129]

life insurance and disability contracts, or with straight health and accident policies. None of these others (if non-house-confining) pays for life, but some of them still provide relatively good coverage.

For example, you can buy combined life insurance and disability policies that pay monthly benefits up to age 65. At that age, if still disabled, you'll have the choice of collecting the full face value of your life insurance in cash or an equivalent monthly income.

Either step would, of course, eat into the life insurance funds available to your family at your death.



"Yes . . . yes . . . she's doing as well as can be expected . . . yes . . . yes . . . . "

The major drawback of such policies is that they are renewable only to age 55—and the chances are that chronic illness will occur, if at all, after that age.

Cost of this type coverage, if taken out at age 40, is about \$62 a year for disability benefits of \$100 a month. Add \$329 for \$10,000 of life insurance, plus \$12 for premium waiver, and you get an annual cost of \$403.

Of the straight health and accident policies, the best non-cancelable ones are usually of the type that's renewable to age 60 and pays for ten years; or that's renewable to age 65 and pays for five years. Either is good. Each has an advantage over the other. Which is preferable is a matter of personal choice.

Bought at age 40, such policies cost from \$65 to \$90 a year for \$100 of monthly disability benefits.

Often a combination of disability and health and accident contracts is the most practical solution. But there's no single answer to every doctor's needs. Just steer clear of the mistakes I made and was lucky enough to discover in time.

In summary, then:

Don't put off your decision. No company I know of will insure a man for disability once he has reached 55. The policies may be renewable to 60; but you've got to buy them before you hit 55.

Remember that disability can strike at any time. You can't afford not to be protected. I know.

"All would live long, but none would be old"

Benjamin Franklin

Fear of declining health all too frequently offsets the natural desire to live to a "ripe old age." Vital efficiency after tifty may be adversely influenced by improper adjustment of the body economy to the decline in sex hormone activity, as well as by nutritional inadequacy and emotional instability. "Mediatric" Capsules combining steroids nutritional supplements and a mild antidepressant in have been specially formulated to counter this problem by helping to prevent the premature onset of degenerative changes.

in preventive geriatrics



# "MEDIATRIC" CAPSULES

steroid-nutritional compound

# Each "Mediatric" Capsule contains Conjugated estrogens equine "Prematin" 0.25 mg Methyltestosterone 2.5 mg Vitamin C (ascorbic acid 50.0 mg Thiamine HCI (B.) 5.0 mg Vitamin B., U.S.P. (crystalline 1.5 mcg. Folic acid 0.33 mg Ferrous sulfate exsic 60.0 mg Brewers yeast (specially processed 200.0 mg d Desoxyephedrine HCl 1.0 mg Supplied No 252 is available in bottles of 30.100, and 1.000 AYERST, McKENNA & HAPRISON LIMITED New York N. Y. Montreal Canada

# Try the did lest

FLUAGEL meets the acid test in providing prompt relief for patients suffering from gastric hyperacidity or peptic ulcer, because FLUAGEL

- 1. raises the pH of the gastric juice to the safety zone;
- 2. coats and protects the gastric mucosa;
- is immediately effective, with an increasing action for at least two hours, followed by gradual subsidence;
- 4. produces no acid rebound or disturbance in the acid-base balance of the blood.



ACID-NEUTRALIZING POWER OF FLUAGEL

The Antacid with
the distinctive Orange Flavor

SEE OPPOSITE PAGE FOR INFORMATION
ON COMPOSITION AND SAMPLES

# An Emergency Is An Emergency

[CONTINUED FROM 147]

it's getting the proper laboratory study to determine whether his patient is dying of cancer of the pancreas or of the stomach.

¶ To the surgeon, it's what happens when the infusion stops running.

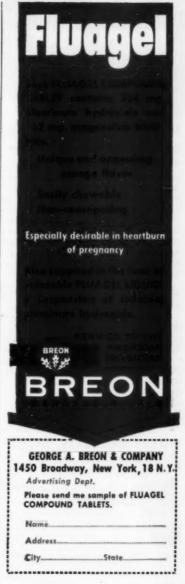
¶ To the pediatrician, it's a sudden shortage of lollipops.

¶ To the allergist, it's a night phone call asking him what the pollen count is at Gambol-on-Green between July 1 and July 5.

But to the general practitioner, it's any call from any patient. END



"Its nothing to worry about. Just a little boil. But you better keep your eye on it."



# TASTI-DIET

# boon to the millions whose caloric intake must be reduced

Theoretically it is not difficult to organize a diet which will adequately reduce the caloric intake to induce orderly weight loss. If humans ate only to satisfy hunger, it would not be so difficult for the obese to stay on the prescribed diet.

Their excessive appetites and the exaggerated importance which eating occupies in their lives may well be related to psychologic aberrations and obscure frustrations. It is this very perversion of the appetite that makes it so difficult for the obese to remain on the reducing diet.

Even on a well-organized high-protein diet, the craving for something sweet becomes more and more intense, and "cheating" results.

Tasti-Diet Low-Calorie Dietetic Foods are designed to overcome this problem. Because of their unique processing (without sugar) their caloric content is as much as 70% less.

Through their use the low-calorie diet can provide an abundance of salads with tasty dressings, luscious fruits in a sweet, rich, syrup-like liquid, delicious desserts and jellies that satisfy the craving for sweets.

Physicians are invited to send for literature and representative samples.

# FLOTILL PRODUCTS, INCORPORATED

TASTI-DIET DIETETIC FOODS DIVISION
Stockton, California



TASTY JELLIES Tasti-Diet Dietelic Foods are special purpose foods processed to meet spocific dietelic needs. Tasti-Diet canned fruits, jellies, and desserts (no super added are sweetened with nonnutritive artificial sweeteners; Tasti-Diet canned vegetables are processed without the addition of salt or sugar; Tasti-Diet dressings, containing no sugar or mineral oil, are prepared supecially for low-caloris, low-sugar and diabelic diets.



# What You Ought to Know About Witness Fees

[CONTINUED FROM 160]

Actually, a lawyer seldom subpoenas a physician if he can help it. Most medicolegal cases rely on expert medical opinions to interpret medical facts. And the attorney wants a friendly, cooperative witness—not the kind he's likely to have if he compels a doctor to take a day off from his practice for only a nominal fee.

# Facts and Opinions

When the doctor goes to court willingly, it's almost always as an expert rather than as an ordinary witness. As an expert he helps shape the outcome of the trial by his opinions given in reply to questions like these: "Just how badly disabled is the claimant?" "When will he be able to go back to work?" "What is the precise relationship between the injury he suffered and the symptoms we've been told about?"

In nearly all states, the lawyer who expects to strengthen his case by a physician's opinions is expected to pay for them.

# Contingent Fee Risks

Lawsuits in which the medical witness fee is contingent on the outcome present a double-edged problem.

Some doctors make it a rule not

to examine the patient or testify unless they're assured in advance of a fee—win, lose, or draw. They feel that however objectively they view a contingent-fee case, there's always the suspicion that the contingency may bring forth testimony slanted in the claimant's favor.

That's a good enough rule as far as it goes. But there are some cases in which the doctor's refusal of a contingent fee may lead to an injustice.

### When to Take Them

An indigent person, for example, injured in a non-industrial accident can't guarantee any sort of fee. But without a physician's help, neither can he develop his claim; so the party liable for the damage goes free, and the injured man has no redress.

If the doctor is asked to help prevent such a miscarriage of justice, he'd seem to have an obligation to do so under the ethical canon: "Poverty of a patient . . . should command the gratuitous services of a physician" (Principles of Medical Ethics, Chap. III, Art. VI, Sec. 1).

Of course, if the patient is awarded damages, he's no longer indigent. His medical bills, including the witness fee, should then be paid.

The best rule for the doctor, perhaps, is to request immediate payment for examinations or other work prior to a court appearance (or, at least, the lawyer's guarantee that this work will be paid for) and to AS OLD AS MEDICAL HISTORY ... STILL

# The Basic Drug

# IN A HOST OF DERMAL AFFECTIONS

In ...

Eczema
Infantile Eczema
Psoriasis
Folliculitis
Seborrheic Dermatitis
Intertrigo
Pityriasis
Dyshidrosis
Tinea Cruris

Varicose Ulcers

Tar, since the days of Hippocrates, has been the basic medication in dermatologic practice. It is anti-inflammatory and decongestant, and stimulates lymph circulation in cutaneous and subcutaneous tissues. New modes of therapy continue to come to the doctor's attention but tar has held its position through decades of usefulness as the medication of choice in the widest range of dermatologic indications.

Today, all the advantages of tar are available in Tarbonis, without any of the drawbacks which beset the crude drug. Consisting of a specially processed liquor carbonis detergens (five per cent), together with lanolin and menthol, in a vanishing cream base, Tarbonis is

- Aesthetically acceptable, since it is greaseless, free from tarry odor;
- · Stainless, does not soil linen or clothing;
- Nonirritant, can be used on tenderest skin areas;
- · As efficacious as crude tar.

Tarbonis is available on prescription through all pharmacies. For dispensing purposes Tarbonis, packaged in 1 lb. and 6 lb. jars, is available through Physicians' and Hospital Supply Houses.

# THE TARBONIS COMPANY

4300 Euclid Avenue

Cleveland 3, Ohio

# **TARBONIS**

Tarbonis

Tarbonis

Physicians are invited to sen

Physicians are invited to send for clinical test samples to demonstrate the antipruritic, decongestant, and resolving properties of Tarbonia.

THE TARBONIS 4300 Euclid Ave., (			
You may send me	a sample of Tarb	onis.	
			_M.D.
Address			_M.D.

restrict contingent fees to patients who are clearly indigent.

### Collection Problems

A physician testifying for an insured defendant usually submits his bill to the insurance company or its attorney. If the defendant isn't insured, the bill is sent either directly to him or to his attorney, depending on who actually requested the examination.

A physician acting for a claimant bills the person who requested the medical examination and testimony—usually the lawyer. It's a good idea, though, to send monthly statements to the claimant also. This last serves several definite purposes: It supports the claimant in his recital of his medical expenses. It's a constant reminder that such expenses still are outstanding. And it does away with the possibility that the doctor may be embarrassed by having to testify that he treated the patient but never bothered to bill him.

The doctor who testifies for an insurance company or another large corporation that's being sued is less likely than either of the above to suffer from fee collection headaches.

# Lawyers' Liability

Often, as the witness for a claimant whose claim is disallowed, a physician has trouble collecting his fee. Often the lawyer disclaims responsibility on the ground that he acted only as an agent for his client in engaging the doctor.

This situation isn't hard to understand when you remember that an attorney in a personal injury action generally works on a contingent fee basis. While his share of the judgment or settlement (normally 25 to 40 per cent) may seem high if he wins, his risk of financial loss may also be considerable. He must pay for the preparation of exhibits and the drawing and filing of complicated papers; sometimes he must employ investigators. When his case turns sour, he'll seldom add willingly to his woes by paying the doctor out of his own pocket.

Because of this, it's helpful to have an understanding with the lawyer, at the beginning, as to who will be responsible for your bill. A letter from the lawyer, asking you to make an examination and be ready to testify, will serve the purpose. Incidentally, the letter needn't make the attorney liable; it may specifically impose responsibility on the client.

If the claimant is in an appropriate economic bracket, or has Blue Shield or other medical insurance, your pre-trial dealings with him can parallel those with any private patient. You can collect your fees in the usual manner, as if the case had no forensic aspect.

Such settlement of preliminary medical costs not only protects you against possible loss but also strengthens the claimant's case in court. Reason: The testimony of a doctor who's already been paid is apt to carry more weight with jurors than the testimony of one who's known to be anticipating his fee.

Most patients won't—and probably shouldn't—pay in advance for the time a doctor expects to spend in court. Sometimes, however, the lawyer is willing to make or guarantee a certain payment. The thing to be borne in mind here is that, since the duration of a trial can't be estimated ahead of time, a prearranged payment may not be in the doctor's best interests.

# Taking Out a Lien

In many states it's possible for the doctor to protect himself by getting a lien. Methods of doing this vary, but the effects are the same: The defendant and the court are notified that there's a lien against the injured party for medical services; and the claimant can't collect a judgment or settlement until the lien has been disposed of.

But a lien has its disadvantages, too:

For one thing, a lien tends to discourage compromises: Even if an out-of-court settlement is made, the medical bill still has priority.

Is that bad? Yes.

Suppose, to illustrate, that a doctor files a \$500 lien on the assumption that the claimant will get \$5,000 damages. Then suppose that for good legal reasons the contending parties decide a \$900 settlement is reasonable. The \$500 medical lien will then be all out of proportion. Result: The doctor and the claimant will

have to fight it through in court; and in the long run everybody may be worse off.

A witness fee can of course be collected by instituting suit. But this requires the doctor to match wits with the claimant's lawyer on the latter's home grounds; for the physician's own attorney may not be at all enthusiastic about taking a case against a colleague.

Before going so far as to start suit, the experienced medical witness usually asks a lawyer friend to talk it over with the lawyer in the original litigation. Keeping it thus "within the family" often is conducive to good results.

A collection agency may be effective if the bill is against the claimant; but when it's against a lawyer, the latter is likely to be skillful in convincing the agency that the liability is his client's, not his own.

Of course, in the rare case where the doctor can prove that the lawyer personally guaranteed the fee, a lawsuit will do the trick. Under those circumstances, it's wholly unlikely that the lawyer will let the case get into court; usually a friendly reminder from the doctor's attorney will be all that's necessary.

By and large, the medical witness' best fee insurance is his reputation for doing an effective job in court. Lawyers in active trial practice want to remain on good terms with able and honest doctors who can handle themselves well on the witness stand.



# Your choice of 3 basic infant formula products all with an incomparable background

For almost half a century, Mead Johnson & Company's infant feeding products have had an incomparable background of clinical effectiveness and medical acceptance.

Babies fed Mead's formula products have been characterized by sturdy growth and low incidence of complications and feeding disturbances.



nd be

be his its he yat se art itto

he us n-

fne

1ie

n.

e

Olac Mead's Powdered Complete Formula

Lactum Mead's Liquid Complete Formula



MEAD JOHNSON & COMPANY . EVANSVILLE 21, INDIANA, U.S.A.

# superior flavor

Pleasant-tasting. No disagreeable aftertaste. Readily accepted without coaxing.



# on every count



# superior miscibility Disperse readily in formula, fruit juice or water.

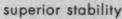
fruit juice or water. Mix well with cereals, puddings or strained fruits.



# superior convenience

Light, clear and non-sticky.
Can be accurately measured
and easily administered.
No mixing necessary.

# superior vitamin supplements for infants...



Require no refrigeration. May safely be autoclaved with the formula.



# MEAD

	Vitamin A	Vitamin D	Ascerbic Acid	Thamine	Riboflavin	Naciromide
POLY-VI-SOL Each 0.6 cc. supplies	5000 Units	1000 Units	50 mg.	1 mg.	0.8 mg.	6 mg.
TRI-VI-SOL Each 0.6 cc. supplies	5000 Units	1000 Units	50 mg.			
CE-VI-SOL Each 0.5 cc. supplies			50 mg.			



### Your Economic Weather Vane

[CONTINUED FROM 125]

bles, a number of questionnaires from full specialists were removed.

The sample thus arrived at contained 5,009 questionnaires. Of these, 4,268 were returns from independent doctors (i.e., those who derive more than half their net income from non-salaried practice). Except where otherwise qualified, the survey breakdowns are based on the

replies of the independent practitioners alone. These breakdowns, by the way, are made by such factors as years in practice, city size, geographic area, specialty, and income level.

Results of the Seventh Survey have been presented in MEDICAL ECONOMICS, several topics a month, since last October. This issue contains the eighth—and final—installment.

This is a condensation of a more detailed discussion of the purposes and methods of the Seventh MEDICAL ECONOMICS Survey. For the full text, see the October, 1952 issue.

### Hour of Decision

• The doctor's phone rang at 2 A.M. It was cold; it was raining; the woman lived ten miles away, and she wasn't even his patient. Still, he promised to get there as soon as possible.

An hour later, he had even more reason to wish he'd begged off. The patient had no particular symptoms. He could find nothing wrong with her. All she'd say was that she simply didn't feel good.

"Well, when did your feeling of being ill begin?" he asked, trying to get some firm hold on the case.

"Oh, several months ago," said the woman.

"You mean, then, that you began to feel worse tonight?"
"Oh, no," she said. "It's the same now as right along."

His blood at a boil, the doctor asked, "If your condition hasn't changed in several months, why in the world did you call me way out here on a night like this?"

"Well," replied the patient, "I just decided that this had gone on long enough, and it was high time I did something about it."

—HELEN BULLOCK

### Good Taste in Building a Practice

[CONTINUED FROM 154]

the sphere, the men and women engaged in charity affairs already have their own personal doctors. But as time goes on, the doctor's practice may well profit from these new contacts. And the prestige associated with community activities doesn't hurt, either.

### Insurance Contacts

Examining applicants for life insurance is one of the most obvious—and also one of the handiest—practice-building aids a young doctor can find. But in seeking such work, the well-advised M.D. will look before he makes a move—particularly in a small town with a limited number of doctors. Otherwise, he may unknowingly approach an insurance firm whose examinations in that area are already being handled by another doctor; and the latter may construe the approach as an attempt to cut in on his practice.

### Special Affiliations

Any agency, organization, or institution that serves or includes large numbers of people needs medical service. This is true of factories, schools, hotels, labor unions, shipyards, police departments, insurance companies, and large stores.

Surprisingly, many doctors seem

never to have explored these practice-building possibilities. How many G.P.'s, for example, have ever considered a hotel as a source of practice? Yet hotels do use physicians; and the arrangement is often a flexible and remunerative one.

In many communities, M.D.'s can affiliate with schools, police departments, or factories. And in some cities, department stores call on a selected list of doctors, who treat their employes and handle accident and sudden-illness cases among shoppers.

But such opportunities for enlarging a practice don't just come to the M.D. who waits. A dignified approach, directly or through an appropriate intermediary, may lead to a permanent affiliation of this kind.

There seems almost no end to the situations that can help a doctor build up his practice without forcing him to dismantle his standards of ethics and good taste. Yet one allimportant point holds true, I believe, in just about every situation: Unless the doctor goes into it with something more than practice-building in mind, he'll probably get a mighty poor return for his time and trouble.

Most people are fairly expert at sensing backslapping for what it is. When a doctor regards his "friend-ship" with colleagues, pharmacists, lodge brothers, and the like as basically a means of broadening his referral base, he generally winds up fooling nobody—except himself. END



# proven HYPOALLERGENIC!

In a series of recently-conducted studies on the allergenicity of foodstuffs\*, which included BIB Orange Juice for Babies as well as the by-products orange peel oil and orange seed protein, the following conclusions were proven:

Orange peel oil passesses primary texic properties.

Orange seed protein has a high dagree of anaphylactogenicity.

BIB Orange Juice for Babies is virtually devoid of peel oil and seed protein.

BIB Orange Juice for Babies is HYPO-ALLERGENIC and MON-TOXIC.



w er of si-en in t-ne

at at g

e

d o e

r

RATNER B., AIKMAN, H. L., and THOMAS, J. S.: Allergenicity of Modified and Processed Foodstuffs, Annals of Allergy, Vol. 10, No. 6, Nov. Dec. 1952.

JUICES FOR BABIES

Distributed in Canada through Aylmer Baby Foods.



THE BIB CORPORATION JUICES FOR MAIES-JUICES CHILY! LAKELAND, FLA.

### Insurance, Investment, Estate Plan-All in One

[CONTINUED FROM 103]

tive, some frankly speculative. Since you want your money to be safe, you should invest in a conservative fund.

In order to do this, get an independently prepared list of mutual funds in descending order of conservatism—from "most conservative" down to "least conservative." Check off the first five on the list, look up the performance of each of them, and pick out the one that's done the best job year in and year out. That's the one for you.

Turn a deaf ear to the mutual fund salesman who tries to sell you a real sizzler that's way down the list. Don't waste time filling out brokerage firm coupons on which you check off "I want high income" or "I want long-term appreciation." Let's just say that you've already checked off "I don't want to lose my principal" in your own mind. Remembering this, you'll stick to the first five on the list of "most conservative."

Does that mean you'll be sacrificing return for safety? Not necessarily. It's the old story of the hare and the tortoise. The common-stock hares look awfully good in the bullmarket years; but it's the balancedfund (stock-and-bond) tortoises that generally win the race.

If you'd invested \$10,000 in one

conservative balanced fund ten years ago, and if you'd reinvested your dividends, you'd have \$29,000 today. That's a 190 per cent increase in ten years—or 19 per cent a year.

### You Direct, Bank Acts

So here's how to work it: You put your money into a custodian account at the bank, and you direct the bank to invest it in the mutual fund of your choice. You also leave instructions that all distributions are to be reinvested. With some inquiry, you can find a bank that will let you add \$50, \$100, \$500 or more, monthly or quarterly, such sums to be similarly invested.

Now you've put to work what you've accumulated to date, and you've made provision for the prompt and efficient employment of the sums you hope to save in the future. Finally, as I've already suggested, you make all your life insurance policies payable to the bank as trustee. At your death, the bank will collect the proceeds of your insurance and deposit them in the same mutual fund.

Thereafter, it will collect and distribute the income. And eventually it will distribute the principal in accordance with your instructions.

As a result of this plan, your revocable living trust won't be subject to the delay, expense, and publicity of probating when you die. And if you need money while you're alive, you can borrow against the trust or



Simple to Prepare

# Arobon.

Whenever diarrhea is encountered in adults, children or infants, and regardless of severity, Arobon is profitably employed as the basic medication. Made from specially processed carob flour, it provides generous amounts of naturally occurring pectin, lignin, and hemicellulose. These complex carbohydrates exert the very actions required for prompt control of diarrheas: They are demulcent, adsorbent, soothing, water-binding.

In simple diarrhea, Arobon suffices as the sole medication. In infectious diarrhea and dysenteries, it is a valuable adjuvant to specific therapy. Arobon is safe, free from side actions, and does not interfere with nutrient absorption. Arobon is simply prepared: The powder is merely stirred into milk or water, forming a highly palatable drink. Suggested doses: for children and adults, I to 2 level tablespoonfuls in milk or water; for infants, 2 to 4 level teaspoonfuls boiled in water.

AROBON

is supplied in 5 ounce jars and is available through all pharmacies.



THE NESTLÉ COMPANY, INC., WHITE PLAINS, NEW YORK

# Octobers not only clears but cures\* athlete's foot

Penetrating, potent Octoben kills Trichophyton mentagrophytos on 2-minute contact in stringent in vitro tests.

Octofen contains:

2.5% 8-hydroxyquinoline in 43% ethyl alcohol — proved effective in 97% of the cases treated. Details on request.

NON-CAUSTIC NON-IRRITATING GREATELESS

Oster, K. A., and Golden, M. J.: Exp. Med. & Surg., 7:37, 1949

... mild cases cured in one to two weeks treatment... moderate infections cured in two to four weeks... severe, long standing chronic cases cured within three months... Actively fungicidal even in the presence of exudate and debris, Octofen attacks the manifest lesions as well as any dormant infection, Mild cases often respond within a week. Severe stubborn cases respond in a remarkably few weeks. Reduces the occurrence of overtreatment irritation.

Octofen is available in two forms liquid for intensive treatment and powder (with silica gel) to avoid reinfection.

For samples of each-Write Dept. ME

McKESSON & ROBBINS, INCORPORATED Bridgeport 9, Connecticut

### AN INSURANCE, INVESTMENT, AND ESTATE PLAN

make a partial withdrawal of whatever you require.

In addition, your heirs won't inherit cash or stocks and bonds, with all the possible consequent risks. Instead, they'll inherit a trust, which will continue to be administered for them as it was for you while you were here.

### Security Without Pain

A primary aim of all this planning is to build retirement security for yourself; so when you reach 60 or 65 and want to ease off a little, you need simply tell the bank to begin paying you the income from your trust.

Meanwhile, you can enjoy real peace of mind. The managers of your conservative, balanced-type investment fund will "roll with the punch," increasing or decreasing their holdings of stocks or bonds as the economic outlook dictates.

Naturally, you'll check up on them occasionally in Wiesenberger's "Investment Companies." And if they ever seem to be slipping, you can fire them by taking your money out and putting it into another fund.

For the services of your investment managers (who operate the mutual fund you buy into) you'll probably pay about 8 per cent of whatever you invest with them. But it'll be money well spent. Compare, for instance, the 13 per cent sales markup on life insurance or the 25 per cent on a new Cadillac.

Where investments are concerned, nothing is absolutely certain. But several thousand doctors are now carrying out investment programs similar to the threefold one I've just described. What's more, they're apparently well satisfied with the arrangement.

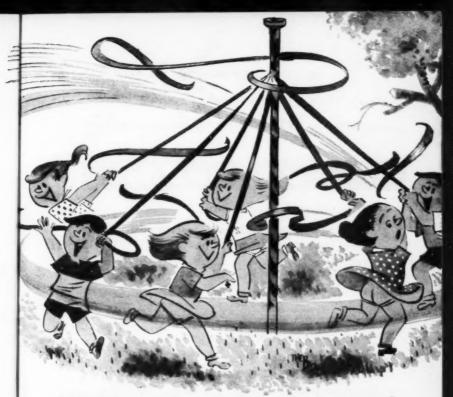






He's heard the call for





# VI-DAYLIN°

(Homogenized Mixture of Vitamins A. D. 81, 82, 812, C and Nicotingmide, Abbott)

A lick of the spoon and a promise of more. That's all the "Call" he needs. And why not?

He already knows VI-DAYLIN's inviting aroma, its yellow-honey color and lip-smacking lemon-candy flavor. Vitamin-wise, you'll find a potent, carefully-balanced formula hidden beneath VI-DAYLIN's delicious taste. Each spoonful is a serving of seven important vitamins—including 3 mcg. of body-building B<sub>12</sub>. And with synthetic vitamin A, there's not a trace of fish-oil.

VI-DAYLIN needs no pre-mixing, no refrigeration. Mother can pour it as is—mix it with milk, juices or cereal—and store it where she wishes. At all pharmacies in 90-cc., 8-fluidounce and 1-pint bottles. Won't you prescribe it for those hard-to-please youngsters?



### car-sed-ine

### Carbromal with Scopolamine

### A new, non-barbiturate formula for daytime use To calm the tense and nervous patient

CAR-SED-INE fills along-felt need for a non-hypnotic, non-narcotic sedative that can be safely prescribed for daytime sedation without dulling the senses or producing unwanted drowsiness.

CAR-SED-INE combines two drugs of established clinical efficacy and safety:

Carbromal "...a dependable sedative. It allays excitement and anxiety and tends to restore quietude and tranquility."

Scopolamine "... certainly ... is effective in relieving the patient's emotional disturbances."<sup>2</sup>

FORMULA: each tablet contains Carbromal, 250 mg., and Scopolamine HBr., 0.1 mg.

DOSAGE: one tablet (in rare cases, two) two to four times daily, as required.

Supplied, on prescription only, in bottles of 100 and 1,000 tablets.

1. Krants, J.C. & Carr, C.J.: Pharmacological Principles of Medical Practice, Williams & Wilkins Co., Baltimore, Md., 1951.

2. Goodman, L. & Gilman, A.: The Pharmacological Basis of Therapeutics. The Macmillan Co., New York City, 1941.





Serving the medical profession for nearly a third of a century.

# News

Physicians scolded for dodging emer-

gency duty • Supreme Court rules against Orloff • Doctors'

Blue Shield income soars • Foresees national leadership for

M.D.s • V. A. medicine termed menace to free doctors

### 'Lax' Doctors Told to Answer Emergencies

Wearied by a variety of lame excuses for ducking out of emergency duty, the Passaic County (N.J.) Medical Society has called on its members to volunteer to answer calls reaching the society. It has warned the doctors that if they fail to respond, the profession will suffer a serious loss of public esteem.

Says the society's bulletin in a message to errant members: "We know, by heart and in our sleep, all the objections and protests of the busy practitioner. We know many of them are justified. So what?"

Indeed, it adds, what if some of the emergency calls it gets are false alarms? "Sometimes the callers may phone two or three doctors. Sometimes they should have called their family physician. (Sometimes, frankly, they did call their family physician, and he ducked out.)"

But, asks the bulletin, "Do you know of any profession or business ... which doesn't involve some ...

unnecessary activity?... Now is the time for all conscientious physicians to come to the aid of their society, their community, and their profession."

## Patients Support D.O. In Row With M.D.s

They demand that California hospital add him to staff

In areas where osteopaths are solidly entrenched, doctors often have to fight hard to keep them out of hospitals staffed exclusively by M.D.s. Staff members of a California hospital have recently been involved in just such a battle.

The issue arose when the Paso Robles District War Memorial Hospital barred a D.O. named V. B. Shea. As a result of this action, Shea's patients claimed they were denied hospital treatment from the practitioner of their choice. So they demanded—and got—an open hospital board meeting at which to air their complaint. [MORE—

### LIFE-SAVING SUCTION

### FOR YOUR POLIO CASES



# ASPIRATORS FOR ALL-AROUND POST-OPERATIVE DUTY

In Iron Lung cases where swallowing reflexes are affected, dependable aspiration must always be at hand to keep the throat clear of secretions. To be without adequate suction units is to risk serious or even fatal developments.

You can always be sure of strong, steady, controlled suction with Gomco Aspirators. Their trouble-proof use in thousands of hospitals, clinics, and offices over many years is proof of it. Your supplier will be glad to show you the light, 18-pound No. 789, illustrated, or its stand-mounted counterpart, the 790. Both are dependable standbys in polio therapy, as well as urological and bronchoscopical and dental work.

GOMCO SURGICAL MANUFACTURING CORP. 824-M E. Ferry Street • Buffalo, New York

When the chairman of the board explained that it had denied Shea staff privileges on the recommendation of the hospital's medical staff, some sixty patients of the barred osteopath protested angrily. The chairman's answer: It was up to the medical staff to formulate its own standards for judging an applicant, whether M.D. or D.O. Shea, he added, had been tested and found wanting on the ground of his ability, not his degree.

Shea's patients countered with the charge that the "arbitrary" action of the medical staff was "depriving us of the use of an institution maintained by our tax dollars." Nor were they satisfied by the chairman's assurance that the hospital

was open to all patients who were willing to accept the services of its staff physicians.

But the hospital board agreed to meet with the medical staff and discuss possible changes in the by-laws. Such changes, it promised, might permit limited privileges for practitioners regarded as not qualified for full staff privileges.

From the medical staff, some of whom were present at the meeting: no immediate comment.

### **Ewing Still a Target**

In some circles, Oscar Ewing remains a controversial figure. Take, for instance, the New York World Telegram & Sun, which has learned



### QUICK, SUSTAINED RELIEF FOR

Post-Hemorrhoidectomies Post-Episiotomies Pruritus-Eczemas Burns-Cuts-Bruises Exanthemas Insect Bites, Etc. In 1 oz. tubes and 1 lb. jars

### New POTENT RELIEF from DISCOMFORT OF HEMORRHOIDS

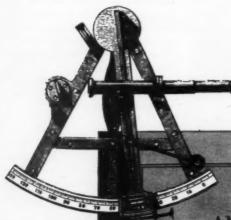
Medical literature!, 2 continues to confirm the exceptional effectiveness of Americaine Topical Anesthetic Ointment for quick, sustained relief of surface pain and itching. In a recent report of relief from hemorrhoid distress in the parturient, Americaine provided complete relief in 100% of cases in an average of 10 minutes, and sustained relief for an average of 6 hours.1 For the first time, Americaine makes possible the high concentration of 20% dissolved benzocaine for more potent, less toxic relief.

- Schmitz, H. E., Smith, C. J., and Carberry, G. A.: West. Jl. Surg., Ob., and Gyne., 59:117 (Mar. 1951).
  - 2. Horwitz, B.: Am. Jl. Surg., 18:81 (Jan. 1951).

FREE-Send for Samples and Literature

ARNAR STONE LABORATORIES, INC. (Formerly Named Americaine, Inc.) Evanston, III.

ng 20% Disselved Benzecuine



when a memory

THE

AMERICAN
NAUTICAL ALMANAC

1953

Nova: See page 3 for changes in this volume



UNITED STATES NAVAL OBSERVATORY
WASHINGTON

### needs a friend . . .

If a navigator had to memorize all the astronomical information necessary for plotting a ship's course, he might never get to sea

A doctor faced with keeping in mind the growing variety of trade-named prescription specialties, has a potential memory problem that's equally staggering.

Fortunately, each has a solution.

The navigator's answer is the Nautical Almanac. The doctor solves his problem by reaching for PHYSICIANS' DESK REFERENCE—the unique drug directory issued annually by Medical Economics, Inc. as a service to America's physicians in active private practice.



PHYSICIANS' DESK REFERENCE one of the best friends a memory ever had

published by MEDICAL ECONOMICS, INC., RUTHERFORD, N. J.

# Here are NYLON elastic stockings that give CORRECT SUPPORT

Bauer & Black Nylons do more than flatter the leg, they're fashioned to exert correct remedial pressure at every point.

Naturally, attractive new nylon appeals to female patients who must wear elastic stockings. But to assure correct support as well as nylon's cosmetic appeal, we suggest you prescribe Bauer & Black Nylon Elastic Stockings by name. Bauer & Black Nylons are fashioned to exert greatest pressure at the ankles, with pressure gradually decreasing from ankles up, gently speeding blood circulation. Open toe provides foot comfort. Sheer, inconspicuous and non-discoloring, too.

# (BAUER & BLACK) ELASTIC STOCKINGS

Division of The Kendall Company 309 W. Jackson Blvd., Chicago 6, Ill.

You have a special invitation to visit the Bauer & Black exhibits at the AMA Convention. Booths E-4 and E-6.



tl

that, before leaving the Government, Ewing received \$4,477 as payment for vacations he'd never taken. Says the indignant news-

paper:

"In his capacity of making secure the lives of everybody from huttites to goats, [Ewing] roamed far and wide in the world—at taxpayer expense, of course. Just before the Truman administration expired, for instance, he took an eight-week trip around the world—in the interest, naturally, of the security of the American people. Such arduous travels, as you can see, keep a man from getting his just vacation."

The newspaper concludes with the hope that a House investigating committee "will find a way to give the taxpayers a vacation from this

kind of nonsense."

### Doctors' Blue Shield Earnings Rise

It's increasingly clear that Blue Shield is developing into a major source of physicians' incomes. Take, for solid evidence, a comparison of their earnings from one plan in two recent years:

Not a single Connecticut doctor collected more than \$10,000 from Blue Shield in 1949. But last year sixty-one did. The plan paid \$20,000 or more to ten of those sixty-one; and two of the top ten collected more than \$30,000 apiece.

In a lower but still substantial bracket-the \$5,000 to \$10,000 cat-



Charles U. Letourneau
Vetoes audience in this theatre

egory-there were 151 Connecticut physicians in 1952. Three years earlier, only two had earned that much from Blue Shield.

Of course, most of the 2,042 doctors who participated last year collected less than \$600. Percentagewise, however, comparative figures for 1949 and 1952 are significant: Over 80 per cent of the participating doctors were paid at least something in '52, as against less than 50 per cent in '49.

### Advises Keeping Guests Out of Operating Room

Does a surgeon—or any other doctor—have the right to invite visitors into the operating room while an operation is under way? Definitely not, unless he gets permission from

### "Appestat Malfunction" is newest term for cause of Bulimia (Hyperorexia)



Jolliffe<sup>1</sup> recently coined the term, "appestat", to describe the involuntary appetite-regulating mechanism, and reemphasizes the fact that control of bulimia (overeating) is the greatest problem in weight reduction.

ALTEPOSE® Tablets help the patient control appetite and lose weight with a minimum of discomfort. They spare the patient the demands of hunger, and make low-calorie diets more acceptable. Moreover, they aid in converting excess fat into energy, in diminishing water retention, and controlling nervous anxiety.

ALTEPOSE Tablets contain the efficient appetite-depressant, PROPADRINE® (phenylpropanolamine) HCl, 50 mg., the metabolic stimulant, thyroid, 40 mg., and the mild sedative, DELVINAL® vinbarbital, 25 mg.

Supplied in bottles of 100 and 1,000. Sharp & Dohme, Philadelphia 1, Pa.

Jolliffe, N.: Reduce and Stay Reduced, Simon & Schuster, New York City, 1952.
 Rehfuss, M.E., Albrecht, F.K. and Price, A.H.: Practical Therapeutics, The Williams & Wilkins Co., Baltimore, 1948, p. 162.
 Froc. Royal Soc. Med.: 43:339, 1950.

PHENYLPROPANOLAMINE HCI. THYROID AND VINBARBITAL



### NEWS

both patient and hospital, says Dr. Charles U. Letourneau, secretary of the American Hospital Association's Council on Professional Practice.

The surgeon himself, he explains, "only practices in the operating room as a privilege granted" by the hospital's board of directors; and this privilege doesn't automatically include power to invite outsiders. There are, Letourneau adds, plenty of legal precedents for this point of view.

### Tribunal Says Army Can Deny M.D. Commission

Supreme Court splits 6-3 in Stanley Orloff case

The Army doesn't have to commission a doctor, says the Supreme Court; but it does have to use him for medical duties. The decision was reached recently in the case of Dr. Stanley J. Orloff, a New York psychiatrist who became an Army private.

When informed of the new ruling, the Pentagon indicated that it will hereafter follow it to the letter. But, "fortunately," said a spokesman, "there aren't many Orloffs."

Orloff, drafted as a doctor, had been denied a commission because of his refusal to answer questions bearing on his loyalty. In addition, the Army had insisted that it could, if it chose, put him to work peeling potatoes. In filing suit, Orloff conceded that the Army need not com-

# "Appestat Malfunction" is newest term for cause of Bulimia (Hyperorexia)

Or. of

n's

ns, ng he nd ly s. ty

n

S



Development of atheromatous plaques is invariably accelerated in obese patients. These scarred aortas are from patients who succumbed (lower) at age 54, height 3'6", weight 210 libus., and (upper) age 44, height 3'5", weight 230 libus., and (upper) age 44, height 3'5", weight 230 libus.

# Altepose

& SHARP DOHME

TABLETS PHENYLPROPANOLAMINE HCI, THYROID AND VINBARBITAL



Since errors in excess of 25% will occur in estimating daily calorie expenditure if B.M.R. is not known, determination of a safe and effective reducing diet remains the physician's responsibility.

SHARP & DOHME, Philadelphia 1, Pa.



Exercise is of little help. To burn up a single pound of excess fat it would probably be necessary to walk at least from Philadelphia to Trenton—and possibly all the way to New York.3

mission him; but he demanded that he be utilized as a doctor.

Lower courts sustained the Army. Then, when the issue got to the Supreme Court, the two "parties changed positions as nimbly as if dancing a quadrille"—in the words of Mr. Justice Jackson: The Army reversed its earlier position that it need not use Orloff for medical purposes. And Stanley Orloff now pleaded for either a commission or a discharge.

The Supreme Court agreed with the Army by a vote of six to three. But Jackson, writing the majority opinion, virtually reversed the lower courts, which had ruled, in effect, that the military could make any use it chose of doctor-draftees.

The Army, Jackson wrote, now takes a tenable position; but "the petitioner appears to be under the misconception that a commission is not only a matter of right, but is to be had upon his own terms."

Perhaps, Jackson went on, Orloff is the first doctor to be denied a commission; "but...it may also be that he is the first doctor to haggle about questions concerning his loyalty...We are not easily convinced that the whole military establishment is out of step except Orloff."

The Orloff case may seem a long way from the problems of the average draft-liable doctor. But Jackson wrote broad meaning into it by bringing up the question of specialization.

"The very essence of compulsory

service is the subordination of the desires and interests of the individual to the needs of the service," he said. "A conscripted doctor may have pursued the specialty of obstetrics, but in the Army, which might have limited use for his specialty, could he refuse other service within the general medical category?" Jackson's answer: No.

In a dissenting opinion, Mr. Justice Black denied that this was the issue. The crux of the matter, he said, was that "the United States . . . now claims a right to utilize Orloff as a doctor without granting him a commission, and this Court agrees. I do not agree."

### Scores V.A. Program as Threat to Medicine

On the one hand, physicians battle against compulsory health insurance; on the other, they contribute to socialized medicine by taking part—"with the greatest equanimity"—in the Veterans Administration hospital program.

So charges Dr. James Howard Means in a recent article in The Atlantic Monthly. The root of the problem, he explains, is the V.A.'s willingness to treat veterans with non-service-connected ills. And there's a double consequence of this, as he sees it:

1. "More able doctors" are attracted to the program by the "more general nature" of the cases.

2. As more and more beds are

blan NI RI

will br

# In the Treatment of

# **NEURITIS**

(Sciatic-Intercostal-Facial)

"...patients responded with complete relief of pain"\*

# WITH PROTAMIDE



he

dhe

beh e-

e-

S-

ne ne

ze

r-

n

d

Richard T. Smith, M.D., in a currently published paper, "Treatment of Neuritis with Protamide" reports: 84 patients of 104 had complete relief of pain in sciatic, intercostal and facial neuritis with one daily injection of Protamide for five or ten days.

"... 49 were discharged as cured after five days of therapy."

No intolerance to Protamide, systemic or local was found in the 125 patients (104 plus 21 controls). Two qualifications for practical application of this study are:

- 1. The elimination of cases due to mechanical pressure.
- 2. Early treatment after onset.

Your prescription blank marked NEURITIS REPRINT will bring literature.

SHERMAN LABORATORIES



fill ca th st

propriet plus en

pı

fa

th

th

ic

G

hi

th

er

for

### The Distracting Agony of Hemorrhoids

The torment of hemorrhoids disrupts normal mental processes. Reason, reflection, decision are difficult.

Physicians have for many years prescribed safe, sure Anusol Suppositories, which have given quick relief and peace of mind to thousands of men and women. For use with the Suppositories, we have now added Unguent made of the same ingredients.

The Anusol Suppository quickly forms a soothing, protective film over the irritated rectal mucosa, providing almost immediate relief. The new Unguent, externally applied to inflamed areas, gives prompt, cooling comfort.

Suppositories: boxes of 6, 12 or 24; Unguent in 1 ounce tube. Warner-Chilcott Laboratories, Division of Warner-Hudnut, Inc., New York 11, N. Y.

# Prescribe Anusol WARNER

SUPPOSITORIES UNGUENT

Prompt, Prolonged Relief Without Narcotics or Anesthetics 246 filled with non-service-connected cases, "more beds are needed, and therefore more hospitals are constructed; and so on."

Where will this upward spiral lead medicine? Says Dr. Means: "As veterans become ever more numerous... there is the danger that the private and voluntary system of medicine, as we have known it in this country, may become completely encircled by the free (tax-supported) medicine of the Veterans Administration."

It will be the doctors' own fault if that happens, he warns. They're "so obsessed" with killing off compulsory health insurance that they fail to see the "far greater threat" of the V.A. Meanwhile, if there's anything approaching socialized medicine in this country, Dr. Means insists, "the medical empire of the Veterans' Administration is it."

### Leadership Role Seen Ahead for Doctors

Parran also predicts greater teamwork for future M.D.s

Dr. Thomas Parran, former Surgeon General of the U.S. Public Health Service, has taken a long look into his crystal ball. Here are some of his predictions about the doctor of the future:

¶He'll be more of a national leader than he is today. He'll be honored for his work in the "prevention of premature death and needless disa-

C8



Thomas Parran
Foresees more group practice

bility, the prolongation of productive and happy life."

¶ He'll still be unfettered by Government control; and our medical and health systems will parallel our "free competitive economic system."

Tomorrow's physician will lean even more toward specialization than does his prototype today. But he'll be unlikely to know "more and more about less and less," since he'll be "more learned than are the majority of us, before he acquires his medical skills."

¶ He'll be "more directly motivated to keep abreast of the world he lives in. His special skills each will constitute an integral part of the larger mosaic of human service."

¶ There'll be a rapid change from "individual to group practice." And, too, there'll be a greater use of aides,

### in ARTHRITIS and allied disorders

# BUTAZOLIDIN

### rehabilitates the disabled patient

Through the use of BUTAZOLIDIN, many patients formerly bedridden, are now able to resume an active and useful life.

A totally new, synthetic compound, BUTAZOLIDIN (brand of phenylbutazone) is not related to the steroid hormones and its therapeutic effects are not dependent upon alteration of hormonal balance.

Clinically, BUTAZOLIDIN affords relief of pain, ranging from mild to complete, in approximately 75 per cent of cases. In the majority of instances, BUTAZOLIDIN also produces increased ease and range of motion through diminution of swelling and spasticity.

Characteristically effective in almost all forms of arthritis as well as in other painful musculoskeletal disorders, BUTAZOLIDIN affords the convenience of oral administration and the economy of relatively low cost.

Rheumatoid Arthritis<sup>1,4</sup>
Osteoarthritis<sup>1,3,3</sup>
Ankylosing Spondylitis<sup>1,3,5</sup>
Gout<sup>1,4,5</sup>
Psoriatic Arthritis<sup>1,3,5</sup>
Peritendinitis of the Shoulder<sup>1,2,3,5</sup>
Mixed Arthritis<sup>1,5</sup>
Bursitis<sup>2</sup>

Capsulitis<sup>2</sup>
Calcific Tendinitis<sup>3</sup>
Reflex dystrophy<sup>3</sup>
Menopausal arthralgia<sup>3</sup>
Lumbosacral strain<sup>3</sup>
Malum coxae senilis<sup>5</sup>
Still's disease<sup>5</sup>

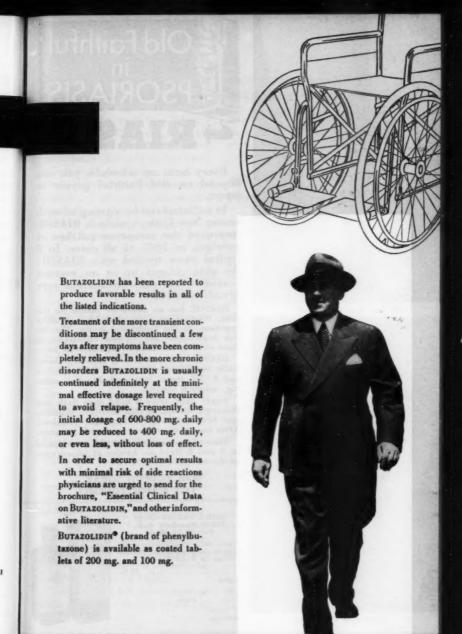
Bibliography:

Karell, W. C., and others: J.A.M.A. 199-729, 1952.
 Smith, C. H., and Kunn, H. G.; J. M. See, New Jersey 69-596, 1952.
 Steinbrecker, O., and others: J.A.M.A. 159-1087, 1952.
 Steinbrecker, O. and others: J.A.M.A. 159-1084, 1952.
 Kiephens, C. A. L., Jr., and others: J.A.M.A. 159-1084, 1952.
 Kunell, W. C., and Schaffarzick, R. W.; California Med. 77-319, 1952.
 Currie, J. F. Lancet 213, 1952.

**GEIGY PHARMACEUTICALS** 



Division of Geigy Company, Inc. 220 Church Street, New York 13, N. Y. In Canada: Geigy (Canada) Limited, Montreal





Before Use of Riasol



After Use of Riasol

# Old Faithful in PSORIASIS 4 RIASOL

Every hour on schedule, you can depend on Old Faithful geyser to erupt.

In a clinical test by a group of well-known New York physicians, RIASOL improved the cutaneous patches of psoriasis in 76% of all cases. In 8 typical cases treated with RIASOL, the skin cleared up in an average period of 7.6 weeks, Remissions were greatly reduced.

RIASOL has an alterative action on the skin, tending to help reestablish healthy functions in the epidermal layers. The active ingredients are carried effectively to these sites by the unique saponaceous base.

RIASOL contains 0.45% mercury chemically combined with soaps, 0.5% phenol and 0.75% cresol in a washable, non-staining, odorless vehicle.

Apply daily after a mild soap bath and thorough drying. A thin invisible, economical film suffices. No bandages required. After one week, adjust to patient's progress.

Ethically promoted RIASOL is supplied in 4 and 8 fluid oz. bottles at pharmacies or direct.

MAIL COUPON TODAY -TEST RIASOL YOURSELF

SHIELD LABORATORIES 12850 Mansfield Ave., Detroit 27, Mich.

Please send me professional literature and generous clinical package of RIASOL.

Street M.D.
City
Zone State
Druggist



Dept. ME-5-53

RIASOL FOR PSORIASIS

Pl cc H w

fa

u

b

"to conserve the time and skill of ... physicians."

Finally, Dr. Parran's forecast—made in a lecture to the College of Physicians of Philadelphia—also covers the field of medical teaching. He expects changes in methods, which will correct such defects as "lack of interest in environmental factors... too much concentration upon the patient [as] a rare and baffling diagnostic problem ... [and] too little concern with training the doctor as a member of a coordinated health team."

As an example of the direction in which medical education is already moving, Parran cites the University of Pennsylvania program, recently introduced into the curriculum by Dr. John Hubbard. Its aim: to train the doctor to become not merely a "healer of the sick" but also a "protector of the well, concerned with the health of the community in which he practices."

### **Honor Negro Doctor**

Thirty-two years ago, a young Negro, fresh out of medical school, went to Taylor, Tex., to "stay a few years." Somehow, he never got around to leaving there; and that's just fine with his fellow townsmen. Counting up his achievements, they recently honored Dr. James Lee Dickey by naming him Taylor's outstanding citizen for 1952.

Dickey, they felt, was largely responsible for the modern fifteen-bed hospital that now services Taylor's Negro population. And he was praised for his work in helping to eliminate typhoid fever, infant diarrhea, and tuberculosis as major killers in the town.

### Aides Called Key to Blue Shield Success

So New York plan now offers educational service

Late in 1951, New York City's Blue Shield plan decided that many physicians weren't sufficiently familiar with its workings. So representatives were sent out to talk to the medical men, with "gratifying" results.

But before long, the Blue Shield people had discovered that the physician's office girl, rather than the physician himself, is the important link between the patient and his health plan. Result: the birth of an educational service for the secretaries.

First, officials of the plan got county medical societies to sponsor lectures for doctors' assistants. Then Blue Shield decided to take its material directly to the aides. Today, ten representatives of the plan are available for such office visits.

An on-the-spot instruction session may last from fifteen minutes to half an hour. The Blue Shield representative discusses the philosophy of the plan and explains what the aide must do to insure speedy payment

ean

to

ell-

OL

of

8

L,

ge

ere

he

hy

acto

se.

m-

iol in-

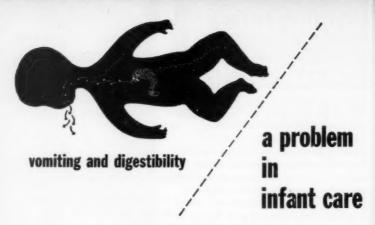
nd

m-

d.

ed

es



Indigestibility of the feeding formula is now accepted as an important factor in infantile vomiting, and is recognized as being closely related to other causative influences such as underfeeding with subsequent air swallowing. Cow's milk-water-sugar formulas, for example, may produce a higher incidence of vomiting because of large tough curds which pass through the pylorus with difficulty. The fat of cow's milk is also considered to prolong passage of the formula into the duodenum. Emptying of the stomach is delayed and the likelihood of overdistention with consequent regurgitation increased.

fo pa tu or fir

ti

### for rapid, unhampered digestion-Similac

When Similac is the prescribed feeding, the likelihood of vomiting is greatly reduced, for Similac, in the stomach, forms a fine, soft, near-liquid curd with a tension of zero and Similac fat is altered to approximate the pattern of breast-milk fat. Similac, like breast milk, is rapidly and easily digested. There is no delay in the emptying of the stomach, with minimal likelihood of overdistention and regurgitation.

# SIMILAC.

there is no closer equivalent to the milk of healthy, well-nourished mothers.

Supplied: As Powder in tins containing 1 lb., with measuring cup; as Liquid in tins containing 13 fl. oz.

 Jeans, P. C., and Marriott, W. McK.: Infant Nutrition, St. Louis, C. V. Mosby, 1947, pp. 133, 334-336.
 Brennemann's Practice of Pediatrics, Hagerstown, W. F. Prior, 1949, vol. 1, ch. 26, p. 3.



M & R Laboratories, Columbus 16, Ohio

for her employer. In addition, he passes out prepared material for future reference, as well as booklets on enrollment, contracts, and benefits.

Most frequent question from office assistants: "How can our patients enroll in Blue Shield?" Most frequent advice to the secretaries from the plan's representatives: "To avoid delay, prepare complete forms."

Says a spokesman for the plan: "Over \$18 million in Blue Shield benefits was paid to physicians of the New York area during 1952. The important part played by doctors' assistants in helping their patients receive these benefits can never be overrated."

### 'Offer Your Patients Something Extra'

an

zed

w's

a

rds

of

he

is se-

of h,

of

nd

he

ıd

California doctor recommends lots of personal service

From a San Francisco physician comes this formula for better patient relations: "Provide the best possible medical care at the lowest possible cost, and make sure everybody knows about it."

Writing in The Bulletin of the San Francisco Medical Society, Dr. William L. Bender reminds his colleagues that "Patients are people, not case numbers. Be glad to see them, even if you're a little tired . . . Give a bit extra; it won't hurt you. The housewife returns to the mer-



William L. Bender
'Toss in one more potato'

chant who tosses another potato onto the scale after he has weighed the pound she pays for."

What are some extra medical "potatoes" a doctor can offer patients? Quality is one, says Bender: "Provide . . . personal service . . . Do your own examining and thinking rather than hoping for a solution in a plethora of laboratory reports . . . Be frank, be prompt, never give [patients] the impression you're doing them a favor."

For a second extra, he suggests that the doctor do everything he can to reduce the cost of illness. "Don't sell short the lowly office visit and house-call... Use hospitals and tests only as necessary... Prescribe carefully. Do you ever phone a patient's druggist to ask what your prescription will cost? You'd be

surprised . . . A patient is entitled to know . . . what he's getting into financially."

The formula of high quality and low cost is bound to pay off, says Bender. Thousands of people, he explains, "are being released from the belt-line of free clinics by health insurance . . . They're eager for a doctor all their own, to go to his office with the self-sufficiency of the man on the other side of the tracks. Let's make it possible."

### **Fights Deportation**

Faced with deportation under the McCarran-Walter Immigration Act, 31-year-old Dr. Vera Hsi Yen Wang Liu, a Chinese-born pediatrician at the University of Michigan hospital, has found a friend in Congress. The friend is Representative George Meader (R., Mich.), who says he's making an exception to his rule of not introducing private bills, because Dr. Liu's case is "unusually meritorious."

Dr. Liu, a resident of the U.S. since 1940, married a research engineer in 1947 and applied for permanent residence in 1949. Her application, first snarled by red tape, later was voided under the new immigration law. So she faces the prospect of being separated both from her husband and from her work at Ann Arbor.

As a result of Meader's intervention, a bill before Congress would authorize permanent residence for Dr. Liu. But Meader's Washington office admitted last month that prospects for passage of the measure were slim; of 2,600 such bills introduced during 1952, only 400 got through.

Still, Dr. Liu's chances may be better than average. This is true because:

 Meader appeared determined to push the measure; and

 As a member of the House Judiciary Committee, which handles immigration legislation, he was, of course, in a particularly good position to do so.

### Research Society Warns Against Pound Bill

Opponents call it cloak for antivivisectionists

The antivivisectionists are at it again, says the National Society for Medical Research. In what the society calls "The Case of the Trojan Dog," they've allegedly found Congressional backing for an innocently worded bill that might well strangle Federal research projects in the District of Columbia.

The bill's sponsor, Representative James C. Auchincloss (N.J.), has been described as "100 per cent against vivisection." He proposes transferring control of the D.C. pound from the Government to private hands. Why? To save money and increase efficiency, say backers of the bill. But scientists point out

# You, too, have a place

IN

### THE WORLD MEDICAL ASSOCIATION

as a member of the medical profession anywhere in the world civilian...in the armed forces...retired

you will benefit from . . .

on

15-

re not

e-

d

ie

es

į-

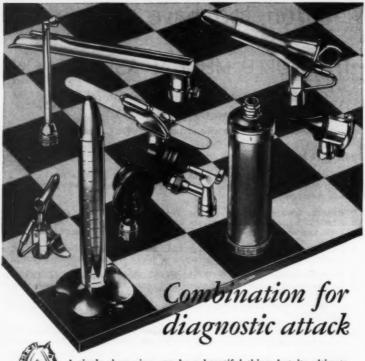
- Joining 700,000 doctors from 43 nations in a worldwide movement to help you attain the highest possible level of medical practice and scientific advance.
- Reports obtainable only in the World Medical Association Bulletin which is issued to you quarterly and contains facts on scientific, economic and social trends affecting the practice of medicine.
- Letters of introduction to foreign medical associations, facilitating your professional contacts and exchange of ideas while traveling abroad.
- 4. Representation before the World Health Organization, UNESCO, the International Labor Organization, and other important bodies in order to maintain the honor and defend the international interests of your profession when these organizations discuss measures concerning medical practice.
- The satisfaction of sharing the progress of American medicine with other lands and thus repaying them for the inspiration we have received from them.

what affects world medicine - affects you this is your only voice in world medicine.

W.M.A. Is Approved by the American Medical Association. JOIN NOW! We'd like to see you at our booth at the A.M.A. in New York

Dr. Louis H. Bauer, Secretary-Treasurer U.S. Committee, Inc., World Medical Association 2 East 103rd Street, New York 29, New York
I desire to become an individual member of the World Medical Association. United States Committee, Inc., and enclose a check for \$, my subscription as a:
SIGNATURE
ADDRESS

(Contributions are deductible for income tax purposes)



A single chess piece can be a beautiful thing, but its ultimate efficiency comes only when it is arrayed with others in a combination. Just so with diagnostic instruments. Maximum accuracy, thoroughness and speed of diagnosis are attained with instruments, each having its own function, but designed to work together as a team.

All the Welch Allyn illuminated instruments shown above, for example, are superbly designed for their particular job, yet all are instantly interchangeable on a single battery handle: This feature alone can save many minutes of the physician's time each day and reduces instrument investment by obviating the need to purchase a different handle for each instrument.

Your surgical supply dealer will be glad to give you a complete Welch Allyn catalog or to demonstrate any Welch Allyn diagnostic instrument which interests you. Welch Allyn, Inc., Skaneateles Falls, N. Y.



that, as it's now administered, the pound actually shows a whopping

yearly profit.

What, then, is the real aim of the bill? There can be little doubt, says the society, when the proposal is examined clause by clause. It would:

¶ Give private operators of the pound a blank check to make any rules they wanted, as long as the law didn't specifically prohibit such rules.

¶ Permit the poundmaster to become a special officer of the District of Columbia police department, "with authority to make arrests in carrying out" his functions.

Warns the research society: If the Auchincloss measure were to pass, the antivivisectionists would probably gain control of the pound. Then they could rule "by decree and have the power of a special police officer to shut down the basic science laboratories of every Federal and medical school department in the district!"

### War Forces Fees Up

Six Fredericktown (Mo.) doctors, faced with skyrocketing costs in the post-war inflation period, banded together to insert an advertisement in their local newspaper. It referred to the "high prices of everything, especially drugs and medicine." And it set forth a new, higher schedule of fees. Typical charges:

One dollar for prescriptions; \$10 for obstetrical services, plus "50

cents a mile for riding for the same"; from \$5 to \$25 for surgical operations; and \$2 for making out-of-town visits.

What war sent prices so high? The Civil War, which had ended only a couple of years before the ad appeared in the Fredericktown Conservative of Jan. 11, 1867.

### Spine Men Air Family Quarrel in Public

Angrily debate merits of new bill to limit chiropractic

Chiropractors in Oregon have had a public squabble over a proposed state law to limit their activities. As a result of a series of abortion scandals in which the spine men have allegedly been involved, a bill before the legislature would limit them to manipulation only. And, surprisingly, some of the cultists evidently favor it.

But not all of them. In a recent hearing before the senate public health committee, several chiropractic factions wrangled among themselves as to the wisdom of giving up their present right to administer drugs, deliver babies, and perform minor surgery.

Three segments of the brotherhood got into the act. One calls itself the "straight" sect; one is the "mixed"; and the third—a splinter outfit—is made up of "mixed" chiropractors who advertise their services. [MORE→



### **Record Book for Physicians**

This all-in-one-volume financial record book gets you started off on the right foot in practice management—helps you avoid tax troubles—saves you time and money. The DAILY LOG enables you to keep close check on expenses, shows how your collections are coming in, provides a clear cut summary of your entire year's business. When completed and filed away at the end of the year, the DAILY LOG will be the busiest reference book on your shelf. Sold on moneyback guarantee.

### Special Introductory Offer!

If you are a physician just beginning practice, the DAILY LOG for 1953 is offered at a reduced rate for the remainder of the year. A fair trial in your office will show you why the DAILY LOG is so highly recommended—why the reorder rate is over 90%.



WRITE for complete information and FREE record supplies catalog.

Colwell Publishing Co. 238 University Ave. Champaign, Illinois The "straight" practitioners announced their approval of the proposed bill. Maintaining that chiropractic is not a branch of medicine, their spokesman, L. W. Rutherford, scored those who would "trespass" into the medical field. And he appealed to the Oregon legislature for "protection against this disgrace to humanity, the professional abortionist."

Opposing the bill, W. A. Budden, leader of the state's 200 "mixed" chiropractors, called Rutherford's charge of abortion a "false issue." Defending the right of his colleagues to do surgery, he added: "It would be a shocking thing if Portland had a disaster and a chiropractor had to stand before wounded men, women, and children and say, 'Pardon me, and't do a thing about it.' " Barring that, he predicted a rosy future in which his profession would stand "shoulder to shoulder with the other learned professions."

A spokesman for the third party to the wrangle contented himself with a simple defense of chiropractic as opposed to medicine. One of his patients, he claimed, had once been given up by M.D.s as "hopelessly paralyzed"; but his chiropractic routine had cleared up a "nerve block" and had restored the use of the woman's arm "within twenty-four hours."

There was doubt whether the bill would pass. Numbers of Oregonians wrote to their legislators, asking that chiropractic be left un-



For prompt and complete remission in bacterial diarrheas . . .

# Streptomagma\*

Dihydrostreptomycin Sulfate and Pectin with Kaolin in Alumina Gel

• STREPTOMAGMA combines Dihydrostreptomycin, for its potent bacteriostatic action, particularly against diarrhea-causing coliform organisms; Pectin, for its demulcent and hydrophilic effect; Kaolin, for its tremendous adsorptive power; and Alumina Gel... itself a potent adsorptive... soothing, protective suspending agent.



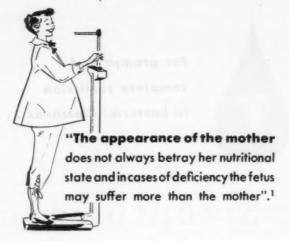
Dosage: Children, 1-2 teaspoonfuls t.i.d. Adults, 4 teaspoonfuls t.i.d.

Supplied: Bottles of 3 fluidounces.

\*Trademark

Wyeth

Philadelphia 2, Pa



OBRON assures a balanced supply of Vitamins, Minerals, and Trace Elements in the increased amounts needed to meet prenatal and postpartum requirements.

1

for the OB patient all in one capsule

**OBRON** 

Dicalcium Phos. Anhydrous\*.. 768 mg. Ferrous Sulfate U.S.P..... 64.8 mg. Vitamin A..........5.000 U.S.P. Units Vitamin D...... 400 U.S.P. Units Thiamine Hydrochloride..... 2 mg. Riboflavin..... 2 mg. Pyridoxine Hydrochloride.... 0.5 mg. Ascorbic Acid...... 37.5 mg. Niacinamide..... 20.0 mg. Calcium Pantothenate . . . . . 3.0 mg. Cobalt..... 0.033 mg. Copper..... 0.33 mg. lodine..... 0.05 mg. Manganese..... 0.33 mg. Magnesium..... 1.0 mg. Molybdenum..... 0.07 mg. Potassium..... 1.7 mg. Zinc..... 0.4 mg. \*Equivalent to 15 gr. Dicalcium Phosphate Dihydrate.

¡Vitamins and Hormones, Vol. III, Academic Press Inc., New York, 1945, p. 98

J. B. ROERIG AND COMPANY . 536 LAKE SHORE DR. CHICAGO II. ILLINOIS

regulated. One state senator said he'd received 1,500 pieces of mail on the subject, more than on any other bill before the legislature.

# **Drive-In for Drugs**

First, it was movies and hamburger stands. Then, like wildfire, the drivein fad spread to banks and other 
places of business. It hasn't reached 
the doctor's door yet, but it's in the 
neighborhood: Drive-in pharmacies 
are now a reality.

One such, in Richmond, Ind., is located next to the town's professional building, convenient to many a doctor's office. All a physician or patient need do is phone in a prescription, then drive past the druggist's window to pick it up.

All this-and a tuna on whole wheat too.

# Must a Doctor's Day in Court Be a Chore?

Not if he minds his fees and cues, says a Kentucky judge

A doctor's courtroom experience is frequently trying and unrewarding. The hours may be long, the fee low, and the questions a series of traps. Maybe nothing can be done about the hours; but a Kentucky circuit court judge has some suggestions to offer about the fee and the questions.

Arrange your fee in advance, advises Judge L. R. Curtis; and don't



L. R. Curtis

How to answer tough questions

make your understanding with the attorney, but rather with his client—since the client alone is the one generally responsible for your bill. The amount of your fee depends on whether you're an expert or ordinary witness and on such matters as your professional standing and time spent in court. But, says Curtis, remember that a fee is due you no matter what the outcome of the case.

Once on the stand, how do you escape traps? To answer this question, Curtis delves into a bag of anecdotes and comes up with a couple of good ones:

¶ In one famous court case, a doctor-witness was asked a hypothetical question that ran on for 20,000 words. The doctor's economic answer: "I don't know." And

STIMULATES

... without irritants

# TURICUM° constipation corrective

## ELIMINATES

... promptly;
physiologically

## LUBRICATES

...without oil

## REGULATES

...encourages normal bowel habits

#### Each tablespoonful contains:

sodium carboxymethylcellulose, 0.36 Gm. magnesium hydroxide, 0.6 Gm.

Pint Bottles

Turicum's effectiveness is due to its content of liquid colloidal sodium carboxymethylcellulose. This unique preparation gently stimulates the intestinal musculature, inducing a reffex peristalsis. Turicum causes no mucosal inflammation; no weakening "flushing" of the bowel contents.

Turicum is readily distributed throughout the bowel contents where it acts as a soothing, protective lubricant. This property is especially valuable when the gastrointestinal mucosa is irritated, as in peptic ulcer, irritable colon. A less-than-laxative dose of magnesium hydroxide assures continued hydration of the colloid.

As the sodium carboxymethylcellulose of Turicum is already in the gel form, it acts faster to effect a complete physiologic elimination. The patient is not bothered by repeated diarrheal evacuations.

With Turicum, constipation correction is a pleasant procedure. Turicum's mild mint flavor and the ease of administration (simply taken from a spoon) make it easier for the patient to adhere to your instructions.

Chicago 11, Illinois

DIVISION NUTRITION RESEARCH LABORATORIES, INC.



a new organic complex of iron for iron deficiency anemias

# iron choline citrate

#### NO GASTROINTESTINAL DISTRESS

...does not precipitate protein and is not astringent

#### BETTER ABSORPTION

...soluble throughout the entire pH range of the gastrointestinal tract

Three tablets or one fluid ounce of Ferrollp supplies 1.0 Gm. of Iron Choline Citrate equivalent to 120 mg. of elemental iron and 360 mg. of choline base.

#### **FERROLIP** Tablets:

1 or 2 three times daily. Supplied: Bottles of 100, 500 and 1000.

#### FERROLIP Liquid:

2 to 4 teaspoonfuls three times daily. Supplied: Pints and gallons.

# FLINT, EATON & COMPANY

Western Branch 112 Pomona Avenue Brea Californ

that, says the judge, is a good way to keep out of "a lot of trouble."

¶ In another case, a doctor-witness was asked, "Do you recognize Agnew as an authority on surgery?" The witness' unexpected reply: "No, sir." The surprised attorney proposed a second "authority." Again the physician refused to recognize him. And a third time, his response was the same. Finally, the impatient attorney demanded, "whom do you consider an authority?" Replied the physician: "In this particular case, at least, I am."

"The doctor was correct," says Judge Curtis. "No two cases are ever precisely alike, and the surgeon who personally examines and studies the case is a better authority than any surgeon who is writing about cases in general."

As a final bit of advice, the judge recommends the use of everyday language in court testimony. "Save the long words for medical meetings," he advises; for example, tell the court your patient suffered a blood clot, not an apopleptic extravasation.

# Urge Absentee Ballots For Hospitalized

One more evidence of doctors' present year-round interest in politics: Still mulling over the 1952 election, the Illinois State Medical Society has suggested that something be done about the voting plight of patients who, confined to hospitals



Gentran\*

(DEXTRAN)

an effective, proven plasma volume expander for use in the treatment of shock

Gentran is a clinically effective and safe plasma volume expander designed for the prevention and treatment of shock due to hemorrhage, burns, surgical procedures, and other conditions. Prepared for intravenous infusion, it is a sterile, nonpyrogenic 6% w/v solution of dextran in soline.

... does not interfere with typing or cross-matching ... requires no refrigeration... is liquid at ordinary temperatures ... available to your hospital ... 500 cc. containers ... easily administered with standard Plexitron solution set ...



#trade name

products of

# BAXTER LABORATORIES, INC.

Morton Grove, Illinois . Cleveland, Mississippi

DISTRIBUTED AND AVAILABLE ONLY IN THE 37 STATES EAST OF THE ROCKIES (except in the city of EF Pase, Tenn) THROUGHP A MERICAN HOSPITAL SUPPLY CORPORATION

GENERAL OFFICES . EVANSTON, ILLINOIS.

"I recommend it to all physicians and particularly to my colleagues in general practice."—from foreword by STANLEY R. TRUMAN, M.D., past president, AAGP.

WARTENBERG'S

# Diagnostic Tests in Neurology

This new book is a concise, illustrated manual of clinical tests, for use in the office or at the bedside. It is designed to help the non-specialist diagnose more precisely the multitude of neurological problems of practice such as multiple sclerosis, Parkinson's disease and the little strokes; also to detect the rarer conditions earlier, more readily and with greater confidence. Here is true postgraduate teaching—with all the simplicity, clarity and clinical meatiness for which the author is so widely known.

By Robert Wartenberg, M.D., University of California. Forewords by Sir Gordon Holmes, M.D., F.R.S., and Stanley R. Truman, M.D. 237 pages; 114 illustrations on 62 figures. \$4.50, postpaid.



The Year Book Publishers, Inc. 200 E. Illinois Street, Chicago 11, Illinois

Please send me, postpaid book-mail, the following book for 10 days free examination.

 				C	
	Win	artenberg's Neurology,	Office \$4.50	Diagnostic	Tests

Name.	Stree	t
City	Zone	State

or homes, can't get to the polls.

If such persons had been out of the state, they could have voted by absentee ballot, notes a recent newsletter of the Illinois society. So it suggests that medical men in that state (as in some others) sponsor legislation permitting absentee balloting by the hospitalized.

# Dental Society Backs Social Security

Massachusetts dentists urge reversal of A.D.A. stand

Most professional organizations stand firmly opposed to Social Security benefits for their members. But not the Massachusetts Dental Society; its 1,200-odd members have voted for Old Age and Survivors Insurance—and by a twenty to one majority.

This thumping victory for the proponents of O.A.S.I. came largely through the efforts of Dentist John C. Colleary, who fought a long battle to put it over. Why was he successful where advocates of Social Security in other areas had failed? Because, says Colleary, "Massachusetts is the only state that actively debated and considered the problem from all angles."

While the American Dental Association turned thumbs down on the program, Colleary was stumping the state for it. His chief argument to Massachusetts dentists: A.D.A. decisions were being made

Aminodrox

of by vsit at or

es. al ry

1

Aminodrox

Aminodrox

Aminodrox

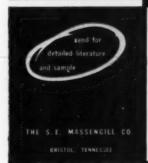
Aminodrox

Aminodrox

Heard at the staff meeting . . .



increases the usefulness of oral aminophylline



In the form of AMINODROX, three out of four patients can be given therapeutically effective eral doses of aminophylline.

This is possible with AMINODROX because gastric disturbance is avoided.

New congestive heart failure, bronchial and cardiac asthma, status asthmaticus and paroxysmal dyapmea can be treated successfully with oral aminophylline in the form of AMINODOX.

Aminodrox Tablets contain 1 1/2 gr. aminophylline with 2 gr. activated aluminum hydroxide.

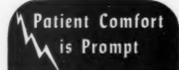
Aminodrox-Forte Tablets contain 5 gr. aminophylline with 4 gr. activated aluminum hydroxide.

Also available with 1/4 gr. phenobarbital.





SYMBOL OF DEPENDABILITY AND PERFORMANCE THE LIEBEL-FLARSHEIM COMPANY



Prompt, Continued Control of Pain is one reason it's "FOILLE First in First Aid" in treatment of BURNS, MINOR WOUNDS,

LACERATIONS, ABRASIONS . . .

in offices, clinics, hospitals.

#### CARBISULPHOIL COMPANY DALLAS, TEXAS

2925 SWISS AVE.

"largely without full information." The true "facts," as a letter from Colleary presented them to his colleagues:

1. The cost of coverage to the insured is only 24 per cent of the first \$3,600 of annual income. (Colleary did not point out that the rate is scheduled to jump to 3 per cent for self-employed persons in 1954, and to go still higher later.)

2. The Government pays up to \$120 a month on retirement. (Colleary didn't mention that no one can claim benefits if he earns over \$75 a month from his practice.)

"Just compare this program with any other insurance available," he said, implying that the results of any such comparison would quickly be obvious. His Massachusetts colleagues apparently agreed; for by a vote of 1,164 to 51, they decided to ask the A.D.A. to reverse its position.

# Student Loans Produce More Rural Doctors

Number of physicians rising again in Mississippi

Mississippi medical men believe they've found at least a partial solution to the doctor-shortage problem, especially as it affects rural areas. Some seven years ago, their state began granting loans to encourage medical students to prepare for careers as country doctors. Since then, the number of physicians in from the research laboratories of the world's largest producer of antibiotics...



PUBLICATION THE PIRST

# TRUE HEMATOPOIETIC STIMULANT

IN ANEMIA THERAPY

#### **Specific Bone Marrow Stimulation**

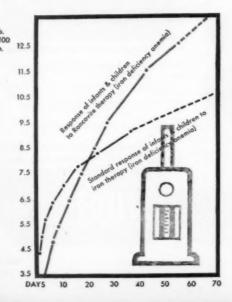
An entirely new approach to the successful treatment of human secondary anemia has been opened up with the introduction of the first true hematopoietic stimulant—Roncovite.

Roncovite offers, for the first time, the specific bone marrow erythropoietic action of cobalt—with adequate iron for the formation of hemoglobin.

In iron deficiency anemia where iron has been the standard treatment, Roncovite produces a faster response, greatly superior erythropoiesis and up to fourfold increases in the utilization of iron.<sup>1, 2</sup>

In the anemia accompanying infection or chronic inflammatory disease, where iron is useless, Roncovite provides—in many cases—a striking and dramatic hematopoietic response.<sup>3, 4, 5, 6, 7</sup>

The above clinical findings mean that Roncovite offers a significant advance in the treatment of all types of "secondary" anemia.



Comparison of the response of hypochromic anemic infants and children to Roncovite and to iron; with Roncovite, iron utilization was so efficient that 58% of the ingested iron was converted to hemoglobin?—as compared to the usual average of 15% utilization from ferrous sulfate.—

Standard response chart Josephs, H.; J. Pediat. 49:246 (1931).

#### RONCOVITE-PIONEERED BY LLOYD RESEARCH

#### Tablets—each enteric coated, red tablet contains:

#### Drops-each 0.6 cc. contains:

ry

a-

ic

n. t.

d

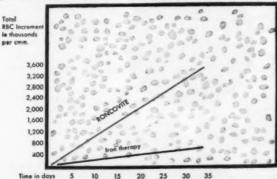
d

t

Supplied in bottles of 15 cc. with calibrated dropper.

 Wolff, H.: Med. Monatsschr. 5:239 (1951); (2) Rohn, R.J., and Bond, W.H.: to be published; (3) Berk, W., et al: New England J.M. 240:754 (May) 1949; (4) Robinson, J.C., et al: New England J.M. 240:749 (May) 1949; (5) Weissbecker, W., and Maurer, R.: Klin. Woch. 24:855 (1947); (6) Wolff, H., and Barthel, S.: Munch. M. Wschr. 93:467 (1951); (7) Gardner, F.H.: J. Lab. & Clin. M. 41:56 (Jan.) 1953.

\*The pioneer cobalt product; a product of Lloyd Research.



Comparison of the average erythrocyte response of iron-deficiency anemic children to Roncovite<sup>2</sup> and to iron therapy.—Computation—Method of Schiodt: Am. J. Med. Sci. 193:313 (1937).

LLOYD BROTHERS, Inc., Cincinnati 3, Ohio

In the Interest of Medicine Since 1870

the state has increased dramatically, reversing a longtime trend.

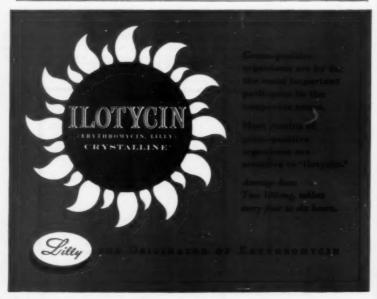
In 1946, the Mississippi legislature noted with dismay that while the population had risen by 400,000 since 1909, the number of physicians had plummeted from 2,054 to 1,112. So the lawmakers decided to give needy young citizens of the state an incentive to go into medicine—and, incidentally, to take to the woods. Their plan, which is still in effect:

Students are permitted to borrow \$1,200 a year, or a maximum of \$5,000 for their full four-year medical course. In return, they agree to go into practice as general practitioners in approved rural areas and to remain there for at least two years. For each year in country practice, the debtor G.P. is credited for one-fifth of what he owes. If he leaves after two, he pays back the balance of his debt, plus 4 per cent interest. But if he stays for five or more years, the debt is canceled.

This program can now be called a real success, says Dr. Felix J. Underwood, executive officer of the Mississippi State Board of Health. In six years, 120 of the state-aided doctors have opened offices in seventy-seven rural towns, he discloses.

And that's not all:

In reserve are fifteen scholarship physicians now in the armed forces, fifty-two internes, and 209 subsidized students still in medical school. From the low-water mark of





7/8" Spot



11/2" Patch



1" Strip



3/4" Strip

# 4 Convenient BAND-AID Plastic Bandages

# Available in professional packages of 100's

They're thin and flexible—conform perfectly to contours of the body. They're easy to apply, stick instantly even on hard-to-bandage places. Flesh-colored...won't loosen in water!

The most trusted name in surgical dressings ...

Johnson Johnson



Micetine Actually Bred Out Of The Leaf

John Alden cigarettes are made from a completely new, low-nicotine variety of tobacco. A comprehensive series of smoke tests\*, completed in 1951 by Stillwell and Gladding, one of the country's leading independent laboratories, disclose the smoke of John Alden cigarettes contains:

At Least 75% Less Nicotine Than 2 Leading Denicotinized Brands Tested At Least 85% Less Nicotine than 4 Leading Popular Brands Tested At Least 85% Less Nicotine Than 2 Leading Filter-Tip Brands Tested

Importance To Doctors And Patients

John Alden cigarettes offer a far more estisfactory solution to the problem of minizing a cigarette smoker's nicotine intake than has ever been available before, short of a complete ceasation of smoking. They provide the doctor with a means for reducing to a marked degree the amount of nicotine absorbed by the patient without imposing on the patient the strain of breaking a pleasurable habit.

ABOUT THE NEW TOBACCO IN JOHN ALDEN CIGARETTES

John Alden cigarettes are made from a completely new variety of tobacco. This variety was developed after 15 years of research by the Kentucky Agricultural Experiment Station. Bocause of ite extremely low nicotine content, it has been given a separate classification, 3LV, by the U. S. Dept. of Agricultura.



1946, the total of medical men in the state has climbed to 1,500.

Many of the scholarship students are themselves small-town or country-bred youths, says Underwood. And he believes that this is a good thing, since "an understanding of and love for rural and farm people is a stronger factor in a happy adjustment of the physician to rural practice. He is readily accepted by his patient; he understands the living conditions and the medical, social, and economic problems of his patients better; and he is on the whole happier in his work."

# Popular Magazine Pays Court to Doctors

Many a bewildered doctor finds that while he tries to catch up with his medical journals, his patients jump far ahead in their reading. They know about the latest medical advances from newspaper or magazine articles.

Recognizing the problem, The Reader's Digest (which helped create it) has offered, as a solution, an advance-of-publication service for medical men. Here's how it works:



for caloric boost without gastric burden ...when weight gain is the objective

# EDIOL

[ ORAL FAT EMULSION SCHENLEY ]

Just 2 tablespoonfuls of EDIOL\* oral fat emulsion q.i.d. add 600 extra calories to the daily diet without increasing bulk intake or blunting the appetite for essential foods. This EDIOL regimen is the caloric equivalent of:

6 servings of macaroni and cheese, or

1 dozen Parker House rolls, or 12 pats of butter, or

8 boiled eggs, or

6 baked potatoes, or

9½ slices of bread

EDIOL is an exceptionally palatable, creamy emulsion of coconut oil (50%) and sucrose (12½%). The unusually fine particle size of EDIOL (average, 1 micron) favors ease of digestion and rapid assimilation. For children, or when fat tolerance is a problem, small initial dosage may be prescribed, then increased to the level of individual tolerance.

Available through all pharmacies, in bottles of 16 fl.oz.

schenley

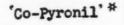
SCHENLEY LABORATORIES, INC.

LAWRENCEBURG, INDIANA

OSchenley Laboratories, Inc.

\*Trademark of Schenley Laboratories, Inc.

# INANYALLERGY





affords
more profound,
more prolonged
relief with
fewer side-effects
than any other
known
antihistaminic.

\*\*Co-Pyronil\* (Pyrrobutomine Compound, Lilly)

Dosage

Mild symptoms: 1 pulvule every twelve hours.

Moderate symptoms: 1 pulvule every eight hours.

Severe symptoms: 2 pulvules every eight hours.

Lilly

#### NEWS

In announcing its offer, the Digest hinted that it anticipated an enthusiastic response from doctors. It quoted one as saying: "If I do not know what your magazine says about medical subjects, my patients are disappointed in me."

# Industrial M.D.s Told To Shun Controversy

'Furnish facts, but don't try to arbitrate,' says this prexy

Industrial physicians occupy the twilight zone between management and labor, says Dr. E. A. Irvin, president of the Industrial Medical Association. For this reason, he believes, the doctor in industry "should at all times hold himself above controversy; he should render opinions and act as a consultant, but not as an attorney or an arbitrator."

Irvin lists four "important Don'ts" for all such physicians:

"1. Don't look at the prospective employe through the eyes of a claim agent." There are three criteria for employability: Will he be a risk to himself? Will he be a risk to his fellow employes? Can he do the job?

"2. Don't let your professional judgment be influenced by bad plant situations which are not the responsibility of the Medical Department.

"3. Don't be a compensation attorney." Merely provide the facts for the man handling litigation, and "let him do the arguing. [MORE→

"I RECOMMEND CUTICUEA FOR BABIES"
it's "finest and most reliable"

Caticum The Augustian State of the Caticum Caticum State of the Caticu One report goes so far as to say of Cuticura Soap, Ointment and Talcum, "These products are beyond a doubt the finest... infants tolerate them without any complications as compared to harsher products." FREE SAMPLES to doctors on request. Write—Cuticura, Dept.

Cuticura, Dept. ME-95? Malden 48, Mass.

Smooth Sailing on ROUGH DAYS with

HVC

HAYDEN'S VIBURNUM COMPOUND

Prescribed ex for intestinal cramps, dysmenorrhea or any smooth muscle spasm, Hayden's Viburnum Compound has, for many years, made it "smooth sailing" on rough days.

Available everywhere, try it on your patients today. HVC

Professional Samples On Request

today. NEW YORK PHARMACEUTICAL CO.



# ARE YOU USING THESE FREE SERVICES?

They can save you many hours of consultation time —help your patients follow your directions accurately!

# These services are:

- Prepared by a graduate dietitian Checked by physicians and nutrition authorities
- Professional in appearance and content
- Quickly adjustable to your own methods and to each patient's individual needs

# FOR YOUR YOUNG PATIENTS

Pediatric Feeding Direction Forms For 4 age groups, from birth through pre-school. Coloring Book For you to give the youngsters! Appealingly emphasizes health practices.

# FOR WEIGHT-CONTROL

Four Reducing Diets — For adults and teen-age girls. (800, 1200, 1500 and 1800 calories).

Guide to Maintaining Ideal Weight Contains calorie count of over 400 foods.

Normal and Gaining Diets Flexible enough for adults and children.

# FOR OBSTETRICAL PATIENTS

Diet for Pregnancy — Outlines sound dietary regimen for normal pregnancy, including directions for preventing excessive weight gains.

# FOR ALLERGY PATIENTS

Wheat-Free, Egg-Free, Milk-Free and Diagnostic Diets. Also 14-Day Food Diary.

# MAIL THIS COUPON TODAY FOR KIT OF SAMPLE COPIES

To order in quantity, postage-free card is included in kit. RALSTON PURINA COMPANY 3E-8 Checkerboard Square, St. Louis 2, Mo. Send 1 Kit No. C2872 to:

M.D. Address.

State\_ Zone\_\_ City.  "4. Don't turn over important duties to nurses or first-aid attendants... The employe is entitled to your judgment and care."

The industrial doctor's "main responsibility," says Irvin, is to his patients. Maintaining their confidence and respect is "the best way to keep the practice of industrial medicine free from the puppet strings of either management or labor."

# 'Research Teams' Now Include Patients

The U.S. Public Health Service has what it considers a fresh idea in medical research: At its huge new \$50 million research center in Bethesda (Md.), selected patients

are to become "members" of research teams.

Each of the service's National Institutes of Health—for research in such diseases as cancer and arthritis—will take part in the project. A researcher investigating cancer, for instance, will be able to study the disease with the aid of people who have the precise kind of cancer he's working on. He'll be able to specify age, weight, disease type, etc.; and he'll get the patients he wants through referrals from private doctors and hospitals.

Scheduled to open this spring, the research center will probably be the world's largest. The Public Health Service says the work of the center will be confined to research,

D

pi

ti

CE

d





# FULL SPEED AHEAD in TISSUE REPAIR

# DESITIN

e pioneer external cod liver oil therapy

in wounds (especially slow healing)
ulcers (decubitus, varicose, diabetic)
burns, perianal dermatitis
non-specific dermatoses

DESITIN Ointment proves in everyday practice its ability to ease pain, renew vitality of sluggish cells, and stimulate smooth tissue repair in lacerated, denuded, chafed, irritated, ulcerated tissues—in conditions often resistant to other therapy.<sup>1-3</sup>

Protective, soothing, healing, Desitin Ointment is a non-irritating blend of high grade, crude Norwegian cod liver oil (with its unsaturated fatty acids and high potency vitamins A and D in proper ratio for maximum efficacy), zinc oxide, talcum, petrolatum, and lanolin. Desitin Ointment does not liquefy at body temperature and is not decomposed or washed away by secretions, exudate, urine or excrements. Dressings easily applied and painlessly removed.

Tubes of 1 oz., 2 oz., 4 oz., and 1 lb. jars.

write for samples and literature

# **DESITIN** CHEMICAL COMPANY

70 Ship Street . Providence 2, R. I.

- Behrman, H. T., Combes, F. C., Bobroff, A., Leviticus, R.: Ind. Med. & Surg. 18:512, 1949.
- Turell, R.: New York St. J. M. 50:2282, 1950.
   Heimer, C. B., Grayzel, H. G., and Kramer, B.: Archives Pediat. 68:382, 1951.

# Tired, Aching Feet, Rheumatic-Like Foot and Leg Pains, Due To

Neak Arch Quick Response. **Progressive** 

Prescribe Dr. Scholl's Arch Supports in cases requiring mechanical relief from Foot Arch Trouble of any kind. The patient will be properly fitted and the Supports adjusted at no extra cost as the condition of the foot improves. This nation-wide Service is available at many leading Shoe and Dept. Stores and at Dr. Scholl's Foot Comfort® Shops in principal cities.

# ARCH



Bremil®is economical. Costs no more per day than ordinary infant feeding formulas requiring vitamin adjustment.

The BORDEN Company Prescription Products Div.

Improvement







#### NEWS

and the patients who need medical care other than that given as part of the research function will have to get it elsewhere.

It adds, though, that "the welfare of individual human beings takes precedence over every other consideration."

# Doctors' Aides Adopt Code of Conduct

Among members of the Los Angeles Medical Assistants Association, the emphasis is on self-improvement. Not long ago, they organized special training classes for themselves. Then they took to wearing insignia pins that identify them as members of a group that "takes special interest and pride in [its] work." Now they've taken still another step; they've drawn up a code to govern their conduct.

Among the obligations of the doctor's assistant, as set forth in the

¶ She must help other assistants "to increase their knowledge" of the medical profession "through discussion and exchange of ideas."

She must learn more about "public relations, especially the doctor-patient relationship."

¶ Remembering that her "success depends upon the success of the office" in which she works, she must be steadfastly loval to both her employer and his patients.

She must avoid "derogatory discussion" of other aides and doc-



Literature and samples on request.

# CLYSEROI

ENEMA SOLUTION

CONTENTS: Each 100 c.c. contoins 1.25 grams CLYSEROL LABORATORIES, INC. Disadium Phosphate and 5.83 grams Monosodium Phosphate 1533 West Reno, Oklahoma City, Okla.

ıl 0

e

tors, and she must never discuss the patient's or the physician's "personal or professional affairs."

# 'Let's Tell the People How Good We Are'

All-out program for public relations urged by doctor

The time has come for physicians to advertise themselves-"not as individuals, but on a mass basis"-says Dr. Paul D. Foster, president of the Los Angeles County Medical Association. The public should be told, he explains, that physicians aren't the "erring, grasping, and evil" moneygrubbers they're sometimes reputed to be.

Foster cites these facts that laymen apparently don't realize, but should:

1. In 1930, "the physician got 32 cents of the individual's medical dollar." But now, the M.D. "receives only 28 cents of it-or an actual decrease of 12.5 per cent."

The cost of treating and servicing patients has skyrocketed. Citing his own example, Foster figures it costs him \$5.27 to "see each and every paying patient" who enters his office. Many of these pay only \$5; many more are "doctors, relatives of doctors, or personal friends" who may well be charged nothing at all.

Nυ

In view of these statistics, he asserts, there's no reason why the

America's Largest Printers to the Professions



#### STATIONERY

# PATIENTS' RECORDS

## **BOOKKEEPING SYSTEMS**

For 25 years, the name HIRTACOUNT has symbolized America's largest printer catering exclusively to the Medical profession. HISTACOUNT stands for highest quality at low prices, with an unconditional moneyback guarantee on every item.

#### FILES AND FILING SUPPLIES

CHECK SAMPLES YOU WANT AND ATTACH COUPON TO YOUR LETTERHEAD O WINDOW ENVELOPES

- O LETTERHEADS ENVELOPES
- O PROPERSIONAL CARDS C BILLHEADS STATEMENTS
- O PRESCRIPTION BLANKS
- O ANNOUNCEMENTS
- APPOINTMENT CARDS
- MY SPECIALTY IS

- COURTEST CARRS
- CONTRACT CARDS O REMINDER CARDS
- D RECEIPT CARDS
- G GUMMED LABELS O BRUG ENVELOPES
- INSTRUCTION SLIPS
- O COLLECTION HELPS C PATIENTS' RECORDS D BOOKKEEPING STSTEMS
  - C) PILES AND SUPPLIES

PROFESSIONAL PRINTING COMPANY, INC. 202-208 TILLARY STREET

MAIL COUPON

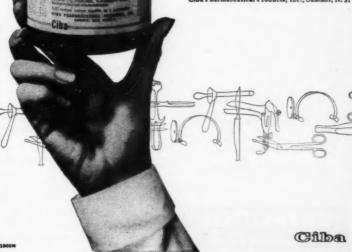
# Long-lasting relief of surface pain and itching with Nupercainal

potent . . . . nonirritating . . . . nonnarcotic

The effective and prolonged surface anesthesia provided by Nupercainal Ointment (dibucaine ointment Ciba) brings long-lasting relief from pain and itching in sunburn, hemorrhoids, abrasions, dermatoses and many other conditions. Its effectiveness is due

to its 1 per cent content of
Nupercaine® (dibucaine Ciba),
one of the most potent and
long-acting of all topical
anesthetics. Issued in 1-ounce
tubes with rectal applicator and in
1-pound jars for office use.

Ciba Pharmaceutical Products, Inc., Summit, N. J.



# **New Relaxant for**



Consider skeletal muscle spasm as a twisted, knotted rope. Nason's new relaxant tablet, LATRODOL, brings unique relief by unraveling the rope, figuratively speaking, from 3 directions, as shown in the diagram.

LATRODOL contains per tablet :

Mephenesin . . . . . 200 mg. Nicotinic Acid . . . 25 mg. Belladonna Extract . . 5 mg.

Separately, LATRODOL's components accomplish only part of the desired relaxing action; but together, they create a physiologically synergistic three-way action in arresting the spasmpain-tension cycle.

Indicated in painful spasms accompanying: rheumatic and arthritic conditions, low back pain, sacrolliac pain, stiff neck, muscle "stiffness", anxiety-tension states; wherever rapid relaxation is desired.

On prescription only. In bottles of 100 and 1000 tablets.

TAILBY-NASON COMPANY Kendall Square Sta., Boston 42, Mass.



doctor should be "the whipping boy for today's high prices." It's taken for granted, he adds, that other goods and services "cost more and more as the inflationary spiral goes up"; yet medicine is "expected to cost less and less."

Concludes Foster: "Operating a medical practice is hardly the gravy train which our adversaries envision." Making this fact clear is the job of "the advertising we must do."

# British Hospitals Find Red Tape 'Frustrating'

"Excessive centralization" of Britain's National Health Service has caused "frustration in the hospitals," says the British Medical Journal. It cites the following examples of red tape that can lead to "inefficiency and waste of time and money":

¶ No one—no matter how insignificant his job—can be hired by an institution until the Ministry of Health gives its approval.

¶ A hospital can't install an extra telephone extension without a Ministry O.K.

Financial authority has become so centralized that a hospital official has jurisdiction over "little more than petty cash."

Management can't be expected to stand for such "futile and unintelligent interference" much longer, the journal warns. If experienced men are to remain in charge of British hospitals, it maintains, "they must be allowed to exercise their

## to control fulminating sepsis

Intravenous Terramycin therapy in over 100 cases of surgical sepsis following operations of the thorax, abdomen or limbs gave "none but the most favorable results. The well-known side-effects in connection with orally administered antibiotics ... were never found to occur, nor did we at any time observe any other toxic reactions."

Deucher, F.: Schweiz. med, Wehnschr. 82:1 (Jan. 5) 1952.

#### in infants and children

"Our experience with Terramycin by the intravenous route has been good. It has been effectively used without difficulty by continuous drip infusion for several days in the smallest infant..."

Farley, W. J., Konieczny, L. : J. Podiat. 42:177 (Feb.) 1953.

# **Terramycin Intravenous**

#### as well as adult patients

r

s

it

Intravenous Terramycin, followed by oral therapy after 3-5 days, "is a singly effective, superior antibiotic in the treatment of peritonitis and . . . a good result can frequently be obtained with this drug when [other antibiotics] have failed. It thus has great usefulness both as a primary therapeutic agent and as an alternate antibiotic."

Reiss, E., et al.: A. M. A. Arch. Surg. 66:5 (Jan.) 1982.

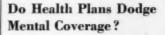
Nper Irum

Vials of 250 mg, and 500 mg





full responsibility in an atmosphere of trust . . . otherwise the hospital service will degenerate, to the ultimate harm of the patients [for whom] it exists."



Researchers say yes, call for more realistic approach

Most hospitalization plans provide inadequate coverage—or none at all—for psychiatric disorders, says a trio of Californians who have made a study of the situation. Thus, they maintain, the plans are forty or fifty years behind the times in their attitude.

As late as 1951, say Drs. A. E. Bennett and E. A. Hargrove and Miss Bernice Engle, a survey of Blue Cross plans disclosed these limitations:

¶ Sixteen of eighty-four such plans excluded all psychiatric care.

¶ Twelve permitted only limited benefits for alcoholics, drug addicts, and persons with self-inflicted injuries.

¶ Of the twenty plans that offered some hospitalization for mental disorders, many either stated or implied that benefits were to be provided only during diagnosis or for a brief, trial treatment.

¶ Explanation of coverage for psychiatric ailments is clouded by "vague terminology and curious discrepancies" in a number of policies





# Inecdotes

MEDICAL ECONOMICS will pay \$10-\$25 for an acceptable description of the most exciting, amusing, amazing, or embarrassing incident that has occurred in your practice.

Medical Economics, Inc. Rutherford, N.J.



# Have you tried **PENTIDS** for rheumatic fever prophylaxis?

"Penicillin is the drug of choice for treating streptococcic infections. . . . Oral penicillin has the desirable characteristics of being bactericidal for hemolytic streptococci and of rarely producing serious toxic reactions." Treatment: 200,000 to 300,000 units orally t.i.d. or q.i.d. Prophylaxis: 200,000 units orally b.i.d. 1. Statements of American Heart Assn. Council on Rheumatic Fever, J.A.M.A. 151:141, Jan. 10, 1953

**SQUIBB** 

PENTIDS

Smith 200-000 Halt Panicillin G Patassium Johlets



NEW

"PREFERENTIALLY INDICATED"

ESTROGEN

WITH GREATLY

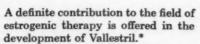
LOWERED INCIDENCE

OF

WITHDRAWAL BLEEDING

SEARLE

Research in the Service of Medicine



In a recent controlled clinical study covering a period of two years, Sturnick and Gargill<sup>1</sup> reached these conclusions:

Vallestril "is an effective synthetic estrogen that is singularly free from toxic effects and complications, especially uterine bleeding.... Clinically, it quickly controls menopausal symptoms...."

Vallestril is available in scored tablets of 3 mg. For treatment of the physiologic or artificial menopause: 3 mg. (one tablet) twice daily for two weeks, then a maintenance dose of one tablet daily for an additional month or as long as continued administration is required.

\*Trademark of G. D. Searle & Co.

 Sturnick, M. I., and Gargill, S. L.: Clinical Assay of a New Synthetic Estrogen: Vallestril, New England J. Med. 247:829 (Nov. 27) 1952.

teratic and libratic level: -constituting "clear evidence of the lack of competent psychiatric advice."

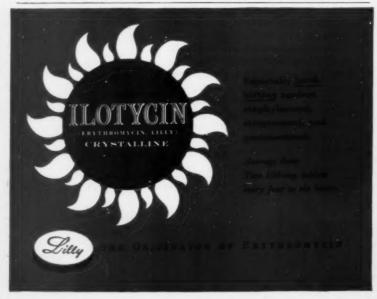
Some plans, explain the researchers, carefully "dodge a definition of mental illness." Others are said to be thoroughly confusing (and confused). One such, for example, covers "nervous conditions" but won't touch "mental disease."

Add the researchers, in their report to the A.M.A.: "This completely unscientific terminology ignores modern psychiatric knowledge that all so-called nervousness means some form of mental illness."

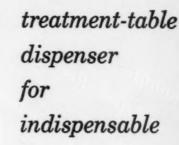
They admit, of course, that the picture isn't all black. Some plans—notably in Texas and North Dakota—"come close to meeting basic

insurance needs in the field of psychiatric treatment." Two in Texas, for instance, provide benefits for "acute psychotic illnesses." And there are others, chiefly in the industrial field, that researchers Bennett, Hargrove, and Engle call "outstanding."

But at best, they insist, most health insurance begs the issue—apparently because of the cost factor. Their conclusion: Such insurance should cover "all acute psychiatric disorders treated by qualified psychiatrists in approved . . . institutions." If the cost is too high—and the team doesn't believe it need be—"then all psychiatric disorders without exception should be excluded."



new...



Bactine

We want you to have this handy, refillable, spray-type dispenser. It's yours for the asking.

You'll find that the professional dispenser makes *Bactine* even more convenient to use for:

- prolonged antisepsis plus cleansing action
- hand disinfection
- minor surgery, cuts, abrasions, burns
- preoperative skin preparation
- skin preparation
- sunburn
- skin irritations
- sanitizing and deodorizing

Write today for your professional dispenser. You'll find it as handy as *Bactine*.

Bactine: Available in 1-gallon, 1-pint and 6-ounce bottles.

-notably effective safe and effective property is indicated property is indicated property in the property of the property is indicated property in the property of the property is indicated property in the property of the property is indicated property in the property of the property in the property is indicated property in the property of the property in the prop

Phospho-Soda (Fleet)°

# prompt thorough gentle

Phospho-Soda (Fleet) is a solution containing in each 100 cc. sodium biphosphate 48 Gm. and sodium phosphate 18 Gm. Phospho-Soda' and 'Fleet' are reg. trademarks of G. B. Fleet Co., Inc.

C. R. FLEET COMPANY, INC., Lynchburg, V.

to extend for Advertising in Laurenals of the American Medical Association

THERE IS ONLY ONE PHOSPHO-SODA FLEET

	* Index of Advertisers	非
	Abbott Laboratories 16, 26, 158, 159, 1	190
		233 274 76
		14 66 265 163 72
	Armour Laboratories 73, Arnar-Stone Laboratories, Inc. 28, Astra Pharmaceutical Products, Inc. Ayerst, McKenna & Harrison, Ltd. 12, 4	184 237 68 217
	Bauer & Black (Div. of Kendall Co.)	240 265 71 96
	Bayter Laboratories Bayer Aspirin Becton, Dickinson & Co. 85, Beech-Nut Co. Bib Corporation, The Birtcher Corporation, The Borden Company, The Boyle & Company	227 210 282
	Brayten Pharmaceutical Company	13-
	Breen & Company, George A 218.	219
	Boyle & Company Insert between 264, 24 Brayten Pharmaceutical Company Insert between 264, 24 Breon & Company, George A 218, 3 Burroughs Wellcome & Co. Burton Manufacturing Co.	13 70
Bla	Caribisulphed Company, The	92
inding arrered	Carnation Company	87 97
29100	Ciba Pharmaceutical Products, Inc 2 Clay-Adams Company, Inc	69
by.	Colwell Publishing Co	83 58 44 77
U.B.	Cutter Laboratories	7.
Det	Desitin Chemical Co	81
patent No.	Dome Chemicals, Inc 1	56 68 59
2,193,	Eaton Laboratories, Inc 15, 2	03 61
90,504	Endo Products, Inc	98 89
-	Drew Pharmacal Company, Inc.  Eaton Laboratories, Inc 15, 2  Endo Products, Inc 1  Fellows Medical Mfg. Co., Inc 1  Fleet Company, C. B 2  Flint, Eaton & Co 2  Florill Products, Inc 2	94 64
	Flotill Products, Inc. 2 Geigy Company, Inc. 248, 2 Gomeo Surgical Manufacturing Co. 2	20 49
	Gomeo Surgical Manufacturing Co 2 Gray Manufacturing Co 2	36 11
	Hamilton Manufacturing Co	57 78
	Gray Manufacturing Co. 2 Hamilton Manufacturing Co. 1 Heinz Company, H. J. 1 Hoffmann-LaRoche, Inc. 1 Holland-Rantos Co. 2 Horlicks' Limited . 40, Irwin, Neisler & Co. 51, 92, 166, 1 Johnson & Johnson . 65, 180, 2 "Junket" Brand Foods Kimble Glass Company	23 80
	Horlicks' Limited	41 74
	Johnson & Johnson 65, 180, 2 "Junket" Brand Foods	73 89
	Kremers-Urban Co	80 19
	Lakeside Laboratories, Inc	01 84
	Lederle Laboratories 1 Leeming, Thomas & Co. Liebel-Flarsheim Co. 168, 179, 268, 2 Lilly & Co., Eli 32, 54, 78, 79, 17 Lloyd Brothers Pharmacists, Inc. 270, 2 McKesson & Robbins, Inc. 270, 2	57 45 88 3,
	Lloyd Brothers Pharmacists, Inc 270, 2	71
	McKesson & Robbins, Inc	30 99

Maithie Laboratories, Inc. Marcelle Cosmetics, Inc. Massengill Company, S. E. Mead Johnson & Company	49 86 267 93
Merck & Company, Inc. Merrell Co., The Wm. S. Miles Laboratories	225 17 IFC
Monsanto Chemical Company	213
M & R Laboratories	252 205
National Drug Company, The 204, Nestle's Milk Products, Inc. New York Pharmaceutical Co. Num Specialty Co.	229 277 179
Organon, Inc.	38
Parke, Davis & Co. Patch Company, The E. L. Pelton & Crane Co. Pet Milk Company Pizer & Co. Ches. 29 46 269	61 43 33
Petton & Crane Co. Pet Milk Company Pfizer & Co., Chas. Physicians' Desk Reference Proctor & Gamble Co., The Professional Printing Co., Inc. Ralston Purina Company Reed & Carnrick Remington Rand, Inc. Reynolds Tobacco Co., R. J. Ritter Company, Inc. Robins Company, Inc. Robins Company, Inc. Roerig & Company, J. B. Roerig & Company, J. B. Roerig & Company, J. B. Rystan Company, J. B.	34 287 94
Physicians' Desk Reference 238, Proctor & Gamble Co., The Professional Printing Co., Inc	239 BC 284
Ralston Purina Company 278, Raymer Pharmacal Company	279 234
Reed & Carnrick	42
Reynolds Tobacco Co., R. J	192
Rossig & Company, I.B.	91 193 260
Roerig & Company, J. B. Rystan Company, Inc.	21
Sanborn Company Schenley Labs., Inc. Schering Corporation Schieffelin & Co. Scholl Mfg. Co., Inc. Seamless Rubber Co. Searle & Co., G. D. Sharp & Dohme, Inc. Sherman Laboratories Shield Laboratories Skiar Mfg. Co., I.	55 275 95
Schieffelin & Co	20 282
Searle & Co., G. D	77 291 243
Sherman Laboratories Shield Laboratories	245 250
Smith, Kline & French Labs.	288
Comitab Co Mantin II	186
Spencer, Inc. Spencer Industries	169 282
Squibb & Sons, E. R. Division of Mathieson Chemical Corporation Strasenburgh Co., R. J 74, 75, 176,	289 177
Strasenburgh Co., R. J 74, 75, 176, Stuart Company, Inc	97
Tailby-Nason Co.	286 170
Tarbonis Company, The	222 58
U. S. Brewers Foundation, Inc. U. S. Vitamin Corp	63
Vestal, Inc.	60
Warner-Chilcott Laboratories 37, 206,	164 246 256
Whitehall Pharmacal Company Whittier Laboratories 10, 262,	215 88 263
Weich Allyn, Inc. White Laboratories, Inc. 30, 31, 67, 82, 83, 214, 324, 334, 344, 344, 344, 344, 344, 34	194 25 255 259
Year Book Publishers, Inc	266
In Specified Territory	

# Memo

FROM THE PUBLISHER

# Reprints

If you've ever asked for reprints of a MEDICAL ECONOMICS article, you're in good company; we handle several thousand such requests a year. Some of them come from medical societies, health plans, and similar organizations. But the great bulk of them come from individual doctors.

Often a doctor wants only a single copy of a certain article. For example, one of our readers recently wrote in for a tax article that he felt his accountant ought to have. We sent it; the accountant read it; and the physician immediately requested copies of five other tax articles.

Another doctor remembered having read a discussion of industrial practice ["Want a Part-Time Industrial Practice?", January, 1953] but had misplaced the issue in which it appeared. So we sent it to him.

When only a few copies of an article are requested, a special printing is obviously impracticable: The cost per reprint would be prohibitive. So we usually fill a single order with a back copy of the magazine.

But when the order is for 200 or more copies, reprinting becomes feasible. And many doctors do order in quantity. For example: ¶ A Missouri medical man, who liked a suggestion for a referral form he saw in M.E. ["Good Form in Referrals," May, 1952], sent reprints of the article to 200 colleagues.

¶ A Bay City, Mich., doctor ordered several hundred reprints of "M.D.s Battle It Out With D.O.s" [September, 1952]. His mailing list: Bay City voters, who last fall had to resolve the question of whether osteopaths should be admitted to the city's hospital.

Then, too, we constantly hear from readers who want all the material we've run on some subject. If the volume of requests warrants it, we reprint the most pertinent articles dealing with that subject in portfolio form.

Not long ago, for instance, we put out a portfolio containing a dozen articles on group practice and partnerships. The response was so enthusiastic that we're now assembling a newer, more comprehensive collection.

pur

For

gan

Eac

nite

hex

org

hyp

And whenever a much-requested series of articles seems to have unusually lasting value, we reprint it as a book. We did this with the "Letters to a Doctor's Secretary" series—and within two months we had to go into a second printing.

All in all, reprints have become an important by-product of our main activity. It's a singularly gratifying by-product, too—gratifying because it's added proof that MEDICAL ECONOMICS articles are the kind you want.

—LANSING CHAPMAN

# Well-rounded therapy essential in hypertension



STOLIC FORTE Tablets may be relied upon to reduce systolic and diastolic pressure in hypertension, and relieve concomitant symptoms, such as dizziness, headache, dyspnea, palpitation, nervousness and apprehension.

STOLIC FORTE Tablets serve a double purpose for more efficient management of essential hypertension.

For Vasodilation: "... the preferred organic nitrate..."1

Each STOLIC FORTE Tablet contains mannitol hexanitrate, 30 mg. "Mannitol hexanitrate seems to be the preferred organic nitrate used in the treatment of hypertension. In man, doses of 60 mg. cause a fall in blood pressure which begins in 8 to 16 minutes. This fall reaches its maximum of 25 to 50 mm. Hg. in 1 to 2 hours and returns to its original level in the course of 6 hours.<sup>91</sup>

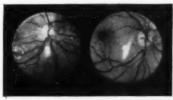
For Sedation: DELVINAL®

STOLIC FORTE also contains 30 mg. DELVINAL® per tablet to allay apprehension and level off fluctuations in blood pressure due to emotional tension.

# Stolic Forte

SHARP DOHME

TABLETS



It is well known that retinal hemorrhages and progressive disturbances in the retinal vascular bed are manifestations of hypertension.

STOLIC FORTE Tablets are supplied in bottles of 100 and 1,000. A modified formula, containing one-half the amount of mannitol hexanitrate (15 mg.) is available as STOLIC Tablets.

Sharp & Dohme, Philadelphia 1, Pa.

Krantz, J.C., Jr. & Carr, C.J.: The Pharmacological Principles of Medical Practice, The Williams & Wilkins Co., Baltimore, Md., 1951, p. 836.



To eliminate the factor of forgetfulness

# USO IVORY HANDY PADS

When the patient's forgetfulness is a factor in the failure of certain routine procedures, the doctor now has a simple solution: he can use the Ivory Handy Pads. Each of the six different Handy Pads contains 50 leaflets with printed instructions covering a supplementary home routine.

By handing the patient a leaflet from the appropriate Handy Pad the doctor minimizes discussion time and, in addition, provides the indicated instructions in a permanent, easy-to-follow form. Ivory Handy Pads contain only professionally accepted routine instructions.



Instructions for routine care of

ACNE

SAVES YOUR TIME... HELPS YOUR PATIENTS

#### YOU CAN OBTAIN-FREE-ANY OR ALL OF THE IVORY HANDY PADS

Write, on your prescription blank, to IVORY SOAP, Dept. 2, Box 687, Cincinnati 1, Ohio



9944/100% Pure - It Floats

Ask for the Handy Pads you want by number.
No cost or obligation.

- No. 1: "Instructions for Routine Care of Acne."
- No. 2: "Instructions for Bathing a Patient in Bed." No. 3: "Instructions for Bathing Your Baby."
- No. 1: "The Hygiene of Pregnancy."
- No. 5: "Home Care of the Bedfast Patient."
- No. 6: "Sick Room Precautions."